P13000040635

(Requestor's Name)		
(Add	dress)	
(Add	dress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Bus	siness Entity Nan	ne)
,	--	,
(Do	cument Number)	
(23)		
Certified Copies	Certificates	of Status
Certified Copies	_ Certificates	o o status
Special Instructions to F	Filing Officer:	
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Office Use Only



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13 HAY -2 PH 4: 29
SECRETARY OF STATE
TALL AHASSEF FLORIOR



COVER LETTER

Division of C	orporations		
SUBJECT:	Puramid In	aging, Inc.	
	Name of Resultin	g Fiorida Profit Corporatio	n
			and fees are submitted to tion" in accordance with s.
Please return all corr	espondence concernin	g this matter to:	
RexA	Contact Person		
\sim	Im a ging In Firm/Company		
4951 E.	Adamo Dr. Address	STEZZY	
Tanya,	FL 33605 City, State and Zip Code	·	
E-mail address: (to	Pyrum . d.m. ag be used for future annual r	ing. Com eport notification)	
For further informati	on concerning this ma	tter, please call:	
Rex Le	e	at (813) 7	me Telephone Number
Name of Con	tact Person	Area Code and Daytin	me Telephone Number
Enclosed is a check f	or the following amou	nt:	
□ \$105.00 Filing Fees	\$113.75 Filing Fees and Certificate of Status	□\$113.75 Filing Fees and Certified Copy	\$122.50 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRES	<u>S:</u>	MAILING A	
Charter Section		Charter Section	on

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

TO: Charter Section

Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

s.



April 24, 2013

REX A. LEE, PH.D. PYRAMID IMAGING, INC 4951 E. ADAMO DRIVE, SUITE 224 TAMPA, FL 33605

SUBJECT: PYRAMID IMAGING, LLC

Ref. Number: L01000020679

We have received your document for PYRAMID IMAGING, LLC and your check(s) totaling \$30.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Letter Number: 913A00009935

Barbara Bostick Regulatory Specialist II

www.sunbiz.org

Certificate of Conversion For "Other Business Entity" Into Florida Profit Corporation

13 HAY -2 PM 4: 29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

This Certificate of Conversion <u>and attached Articles of Incorporation</u> are submitted to convert the following "Other Business Entity" into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate
of Conversion is:
Q = 1 + 1 + 2 + 2 + 2 + 2 + 2 + 2 + 2 + 2 +
Tyramia Imaging, LLC - L 010000
Pyram rd Imaging, LLC - L D1000020679 Enter Name of Other Business Entity
2. The "Other Business Entity" is a
first organized, formed or incorporated under the laws of
(Enter state, or if a non-U.S. entity, the name of the country)
on $1//30/2001$
on Enter date "Other Business Entity" was first organized, formed or incorporated
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Profit Corporation as set forth in the attached Articles of
Enter Name of Florida Profit Corporation
Enter Name of Florida Profit Corporation
5. If not effective on the date of filing, enter the effective date: <u>Fan. 1,2013</u> make filly (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.) Page 1 of 2
1 age 1 01 2

		ILED		
Signed this 29 day of April	, 20 <u>13</u>	V 2 DU		
Required Signature for Florida Profit Corporati	on: Secr.	FTADVoration		
Signature of Chairman, Vice Chairman, Director, Obeen selected, an Incorporator: Printed Name: Rex LeeTitle:	ffiger or if Directors or Officers have	らもみったた トドロといりマ		
Required Signature(s) on behalf of Other Business signature(s).]				
Signature: Printed Name: Rex A.Les	Title: <u>Owner</u>	- -		
Signature: Printed Name:	_Title:	- -		
Signature:Printed Name:	_ Title:	- -		
Signature:Printed Name:	_ Title:	- -		
Signature:Printed Name:	_Title:	- -		
Signature:Printed Name:	_ Title:	<u>-</u> -		
If Florida General Partnership or Limited Liability Signature of one General Partner.	y Partnership:			
If Florida Limited Partnership or Limited Liability Limited Partnership: Signatures of ALL General Partners.				
If Florida Limited Liability Company: Signature of a Member or Authorized Representative.				
All others: Signature of an authorized person.				
Fees: Certificate of Conversion: Fees for Florida Articles of Incorporation: Certified Copy: Certificate of Status:	\$35.00 \$70.00 \$8.75 (Optional) \$8.75 (Optional)	,		

ARTICLES OF INCORPORATION In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED 13 HAY -2 PM 4:30

ARTICLE I NAME	TALECRETAR
The name of the corporation shall be: Yram, Z	I Imaying Inc. TALLAHAS
ARTICLE II PRINCIPAL OFFICE	<i>V Q /</i>
The principal place of business/mailing address is:	
Principal street address	Mailing address, if different is:
- Timorpur succe tadaress	
4951 E. Adamo Dr. STEZZY	615 Bannockburn Ave
Tampa, FL 33605	Tampa, FC 33617
ARTICLE III PURPOSE The purpose for which the corporation is organized is:	,
	m and intenstin services
celated to marking 1	m and integration services vision as well as develop
a list land the	The state of the s
products incorporating	vision confinents

ARTICLE IV SHARES	•
The number of shares of stock is: 1,000,0	00
ARTICLE V INITIAL OFFICERS AND/OR DI	PECTOPS
Name and Title: Rox A. Lee, Ph.D.	Name and Title:
Address: 615 Bannock burn Ave	Address:
Tampa, FL 33617	
Name and Title:	Name and Title:
Address:	Address:
Address:	Address.
Name and Title:	Name and Title:
Address:	Address:
, radi ess.	
ARTICLE VI REGISTERED AGENT	
The name and Florida street address (P.O. Box NOT acc	ceptable) of the registered agent is:
Name: Rex Lee, Ph. U.	
Address: 615 Bannakburn Ave	
Tarnon FC 33617	

ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	- Other
Name: Rox A. Lee, Ph.D.	13 MAY -2 PM 4: 30
Address: 615 Bannockburn Are	SECRETARY OF STATE TALLAHASSEE FLORIDA
Jampa, FL 336/7	- OOLL FLURIDA
*****************	*******
Having been named as registered agent to accept service of process for	•
designated in this certificate, I am familiar with and accept the appointment capacity	nt as registerea agent and agree to act in this
The a	4-29-13
Required Signature/Registered Agent	Date
I submit this document and affirm that the facts stated herein are tru submitted in a document to the Department of State constitutes a third degi	
The a	4-29-13
Required Signature/Incorporator	Date