

P14000009370

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

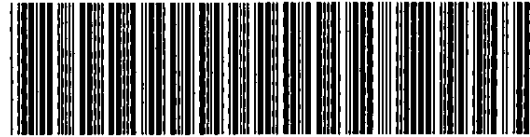
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Certificates of Status

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FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 JAN 27 PM 2:30

*[Handwritten signature]*  
K-3/14

**COVER LETTER**

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT:** Florida MRI, Inc.

(PROPOSED CORPORATE NAME – MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
<b>ADDITIONAL COPY REQUIRED</b>	

**FROM:** Samuel F. Nixon III

Name (Printed or typed)

2893 kensington trace

Address

Tarpon Springs, Florida 34688

City, State & Zip

(941)350-8575

Daytime Telephone number

sfnixon@verizon.net

E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

ARTICLES OF INCORPORATION

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

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DIVISION OF CORPORATIONS  
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**ARTICLE I NAME**

The name of the corporation shall be: Florida MRI, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

13336 N Central Ave

Tampa, FL 33612

Mailing address, if different is:

2893 kensington trace

Tarpon Springs, FL 34688

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Provide imaging services.

**ARTICLE IV SHARES**

The number of shares of stock is: 100

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Samuel F. Nixon III Pres

Name and Title: \_\_\_\_\_

Address 2893 kensington trace

Address: \_\_\_\_\_

Tarpon Springs, FL 34688

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

(conti.)

Name and Title: \_\_\_\_\_ Name and Title: \_\_\_\_\_

Address \_\_\_\_\_ Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**ARTICLE VI REGISTERED AGENT**

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: Samuel F. Nixon III

Address: 2893 kensington trace

Tarpon Springs, FL 34688

**ARTICLE VII INCORPORATOR**

The **name and address** of the Incorporator is:

Name: Samuel F. Nixon III

Address: 2893 kensington trace

Tarpon Springs, FL 34688

*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity*

S F. Nixon

Required Signature/Registered Agent

1/22/2014

Date

*I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.*

S F. Nixon

Required Signature/Incorporator

1/22/2014

Date