

P14000069912

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

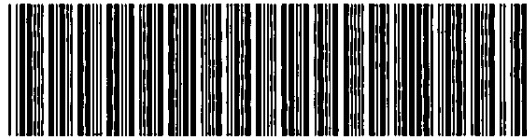
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400263260964

08/15/14--01014--014 **70.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 15 PM 2:25

8/21/14

COVER LETTER

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

SUBJECT: MEDICAL MANAGEMENT & IMAGING, 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 type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: **W. Gary Crider**
Name (Printed or typed)

46 D Stratford Ln. West
Address

Boyton Beach FL 33436
City, State & Zip

772-341-2662
Daytime Telephone number

wgcone@gmail.com
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)

ARTICLE I NAME

The name of the corporation shall be: Medical Management & Imaging Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

46 D Stratford Ln. West
Boyton Beach FL 33436

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: medical management & imaging services

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 AUG 15 PM 2:25

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: W. Gary Crider

Name and Title: President

Address 46 D Stratford Ln. West

Address: _____

Boynton Beach FL 33436

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: W. Gary Crider
Address: 46 D Stratford Ln. West
Boynton Beach FL 33436

ARTICLE VII INCORPORATOR

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

Name: W. Gary Crider
Address: 46 D Stratford Ln. West
Boynton Beach FL 33436

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

W. Gary Crider 08/11/2014
Required Signature/Registered Agent 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.

W. Gary Crider 08/11/2014
Required Signature/Incorporator Date