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Florida Department of State
Division of Corporations
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To: Division of Corporations
 Fax Number : (850) 617-6381

From: Account Name : AT PLUS CORP
 Account Number : I20140000060
 Phone : (305) 406-3800
 Fax Number : (305) 406-3999

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 14 OCT -2 AM 10:14
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
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 DIVISION OF CORPORATIONS

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
IMET SURGICAL, INC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$70.00

10/3/14 ch

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:
IMET SURGICAL, INC

ARTICLE II PRINCIPAL OFFICE
The principal place of business/mailling address is:
**3650 NW 82ND AVE #404
MIAMI, FL 33166**

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
ANY AND ALL LAWFUL BUSINESS

ARTICLE IV SHARES
The number of shares of stock is:
SHARES: 100

ARTICLE V INITIAL OFFICESRS AND/OR DIRECTORS
List name(s), address(es) and specific title(s):
**GREGORY LUFF (PD) ADRIANO BRAGANCA (VP)
12480 NW 33RD ST 12480 NW 33RD ST
SUNRISE, FL 33323 SUNRISE, FL 33323**

ARTICLE VI REGISTERED AGENT
The name and Florida street address of the registered agent is:
**GREGORY LUFF
12480 NW 33RD ST
SUNRISE, FL 33323**

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
**GREGORY LUFF
12480 NW 33RD ST
SUNRISE, FL 33323**

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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



Signature/Incorporator
Registered Agent

Date 9/30/14



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Corporate Filing Menu

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