

PIB 600037471

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

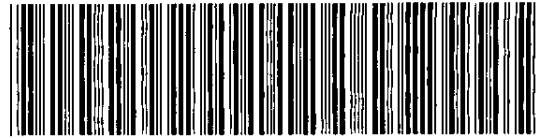
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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04/21/15--01032--003 **87.50

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MASSACHUSETTS

Row 4/28 cm
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COVER LETTER

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

SUBJECT: Image E-Nation 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 Filing Fee
- \$78.75 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
ADDITIONAL COPY REQUIRED	

FROM: Image E-Nation inc
Name (Printed or typed)

3435 SW 2nd Street
Address

Miami Florida 33135
City, State & Zip

305-481-8130
Daytime Telephone number

egaviero@yahoo 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: Image E-Nation inc

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3435 SW 2nd Street

Miami Florida 33135

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Offer Diagnostic Ultrasound Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Emmanuel E Gaviero, President Name and Title: _____

Address: 3435 SW 2nd Street Address: _____

Miami Florida 33135 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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:

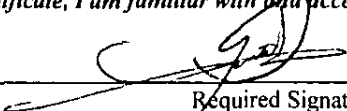
Name: Emmanuel E Gaviero
 Address: 3435 SW 2nd Street
Miami Florida 33135

ARTICLE VII INCORPORATOR

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

Name: Emmanuel E Gaviero
 Address: 3435 SW 2nd Street
Miami Florida 33135

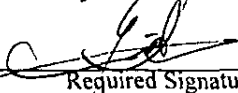
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



 Required Signature/Registered Agent 04/10/2015

 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.



 Required Signature/Incorporator 04/10/2015

 Date