

PI 5000054333

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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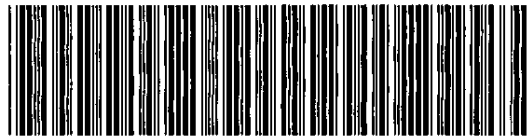
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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4005  
6/29/15

**Florida Department of State**

Attention: New Filing Section

To whom it may concern:

This to advise you that the owners of **NATIONAL SYNAPSE DIAGNOSTIC SERVICES INC.** of Doc # **P14000036783** are the same owners of the attached articles of incorporation. We have dissolved the company and have no intention of reopening it. Thank you for your help in this matter.

Sincerely,

*mi- hntegh*

## COVER LETTER

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

**SUBJECT:** NATIONAL SYNAPSE DIAGNOSTIC SERVICES 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

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** DELFI MONTEAGUDO  
Name (Printed or typed)  
175 FOUNTAINEBLEAU BLVD SUITE 2G4  
Address  
MIAMI, FL 33172  
City, State & Zip  
305-494-1049  
Daytime Telephone number  
YRC.SERVICES@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**

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

### **ARTICLE I – NAME**

The name of the corporation shall be:

**NATIONAL SYNAPSE DIAGNOSTIC SERVICES INC**

**TAX ID- 46-5474958**

### **ARTICLE II – PRINCIPAL OFFICE**

The principal place of business and mailing of this corporation shall be:

**175 FOUNTAINEBLEAU BLVD  
SUITE 2G4  
MIAMI, FL 33172**

### **ARTICLE III – SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

**100 NO PAR VALUE**

### **ARTICLES IV – INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

**DELFI MONTEAGUDO  
175 FOUNTAINEBLEAU BLVD  
SUITE 2G4  
MIAMI, FL 33172**

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CLERK OF DISTRICT COURT  
NINTH JUDICIAL CIRCUIT  
MIAMI, FLORIDA

## ARTICLE V – INCORPORATORS(S)

The name(s) and street address (es) of the incorporator(s) to these Articles of Incorporation is (are)

**DELFI MONTEAGUDO - PRESIDENT  
175 FOUNTAINEBLEAU BLVD  
SUITE 2G4  
MIAMI, FL 33172**

The undersigned incorporator(s) has (have) executed these Articles of Incorporation this 1<sup>ST</sup> day of June, 2015.

  
\_\_\_\_\_  
Signature

## ARTICLE VI – DIRECTOR(S)

The name(s) and street address (es) of the director(s) to these Articles of Incorporation is (are):

**DELFI MONTEAGUDO – PRESIDENT  
175 FOUNTAINEBLEAU BLVD  
SUITE 2G4  
MIAMI, FL 33172**

## **CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE**

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I hereby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

  
\_\_\_\_\_  
Registered Agent