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8/30/2015 10:37

#177 P.001/003

Division of Corporations

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**Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet**

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**To:**

Division of Corporations  
Fax Number : (850)617-6381

**From:**

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.  
Account Number : 075350000353  
Phone : (800) 221-2972  
Fax Number : (888) 692-9256

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

**Email Address:**

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SEP 30 PM 3:03  
15 SEP 30 PM 3:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
U.S.

**FLORIDA PROFIT/NON PROFIT CORPORATION**  
**IMAGING CONSULTING GROUP, INC.**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$70.00

SEP 00 PM 2:59

## Electronic Filing Menu

## Corporate Filing Menu

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From:

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**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: Imaging Consulting Group, Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

2700 NE 183 ST TH-10

Aventura, FL 33160

Mailing address, if different is:

2700 NE 183 ST TH-10

Aventura, FL 33160

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to engage in any lawful act or activity for  
which corporations may be organized.

**ARTICLE IV SHARES**

The number of shares of stock is: 1,000

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

Name and Title: Michael Ritzer/President

Address: 2700 NE 183 ST TH-10  
Aventura, FL 33160

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

Name and Title:

Address:

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

15 SEP 30 PM 3:03

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From:

09/30/2015 10:38

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(cont.)

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: Michael Ritzer  
Address: 2700 NE 183 ST TH-10  
Aventura, FL 33160

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: Michael Ritzer  
Address: 2700 NE 183 ST TH-10  
Aventura, FL 33160

*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.*

②   
Required Signature/Registered Agent

9/30/15  
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. 817.153, F.S.*

②   
Required Signature/Incorporator

9/30/15  
Date