

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 : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

**\*\*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  
PRIME IMAGING SERVICES, INC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

JAN 15 2016

S. GILBERT

RECEIVED  
16 JAN 14 PM 4:38

**ARTICLES OF INCORPORATION**  
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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**ARTICLE I NAME:** The name of the corporation is:

Prime Imaging Services, Inc

**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

340 SW 122 Court  
Miami FL 33184

**ARTICLE III SHARES:** The number of shares of stock is: 100

**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**

MIRTHA GARCIA (P)

**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

MIRTHA GARCIA  
340 SW 122 COURT  
Miami FL 33184

**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:

MIRTHA GARCIA  
340 SW 122 CT  
Miami FL 33184

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CLERK OF DISTRICT COURT  
MIAMI, FLORIDA

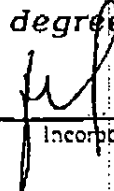
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Required Signatures:

*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*

  
\_\_\_\_\_  
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.*

  
\_\_\_\_\_  
Incorporator\_\_\_\_\_  
Date

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