

P 160000 61829

(Requestor's Name)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SPECIAL FILING
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COVER LETTER

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

SUBJECT: Lumos Imaging 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: Cari M. Calderoni

Name (Printed or typed)

4007 West North A Street

Address

Tampa, FL 33609-2727

City, State & Zip

813-390-7893

Daytime Telephone number

carinoah@verizon.net

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: Lumos Imaging Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

4007 West North A Street

Tampa, FL 33609-2727

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Conduct any and all lawful business in the State of Florida

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Cari M. Calderoni

Name and Title: _____

Address 4007 West North A Street

Address: _____

Tampa, FL 33609-2727

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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CLERK OF CIRCUIT COURT
HILLSBORO COUNTY, 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: Betty L Adams

Address: 17911 Sailfish Drive #B

Lutz, FL 33558

ARTICLE VII INCORPORATOR

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

Name: Cari M. Calderoni

Address: 4007 West North A Street

Tampa, FL 33609-2727

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: July 15, 2016. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

Betty L. Adams
Required Signature/Registered Agent

7/15/16
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.

Cari M. Calderoni
Required Signature/Incorporator

7/15/16
Date