

P18 000019119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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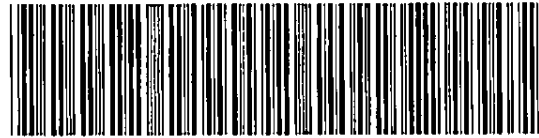
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. O'KEEFFE

FEB 28 2018

COVER LETTER

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

SUBJECT: AVARAP 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: Jomark Reyes

Name (Printed or typed)

1 Radisson Plaza, Ste. 800

Address

New Rochelle, NY 10801

City, State & Zip

877-330-2677

Daytime Telephone number

siddpatel84@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: AVARAP DIAGNOSTIC SERVICES INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1402 DUNLAWTON AVE SUITE 4D,

623 SUMMER DRIVE

PORT ORANGE, FL 32127

SANDY SPRINGS, GA 30328

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Marketing Services to Physicians and Laboratories. We will just
provide options to process their laboratory services. i will be hiring marketing representatives to fulfill the tasks.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Rasiklal Laljibhai Patel - President

Name and Title: Rasiklal Laljibhai Patel - Vice president

Address: 623 SUMMER DRIVE
SANDY SPRINGS, GA. 30328

Address: 623 SUMMER DRIVE
SANDY SPRINGS, GA. 30328

Name and Title: Shirin Sumo - Secretary

Name and Title: Shirin Sumo - Treasurer

Address: 6460 RIM CREST LANE
HARRISON, TN, 37341

Address: 6460 RIM CREST LANE
HARRISON, TN, 37341

Name and Title: _____

Name and Title: _____

Address: _____

Address: _____

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TALLAHASSEE, FLORIDA

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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: Incorp Services, Inc

Address: 17888 67th Court North

Loxahatchee, FL 33470

ARTICLE VII INCORPORATOR

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

Name: Jomark Reyes

Address: 1 Radisson Plaza, Ste.800

New Rochelle, NY 10801

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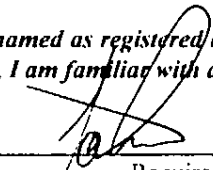
ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

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

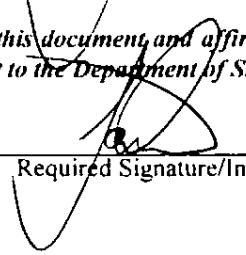


Required Signature/Registered Agent

02/15/2018

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

02/15/2018

Date