

P190 00046204

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

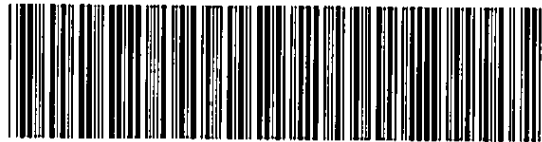
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400329401384

05/24/19--01018--018 **137.50

FILED
2019 MAY 24 AM 9:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 06 2019

Brumpley

COVER LETTER

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

SUBJECT: Domestication of a corporation previously registered as a foreign corporation in FL under F14000004473

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

FEES:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
-----------------------	---------

Georgiana Manasturean

Name (printed or typed)

4175 Davie Rd. Suite 100&106

Address

Davie, FL 33314

City, State & Zip

954-716-6106

Daytime Telephone Number

office@medicalresourceendoscopy.com

E-mail address: (to be used for future annual report notification)

CERTIFICATE OF DOMESTICATION

The undersigned, Georgiana Manasturean, Vice-President
(Name) (Title)

of Medical Resource Endoscopy, Inc. a foreign corporation.
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was April 26, 2011.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Illinois.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was Medical Resource Endoscopy, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is Medical Resource Endoscopy, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Florida.
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am an officer, of Medical Resource Endoscopy, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 21st day of May, 2019.



(Authorized Signature)

Filing Fee:	
Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

SECRETARY OF STATE
PALM BEACH, FLORIDA

2019 MAY 24 AM 9:34

FILED

ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

Medical Resource Endoscopy, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

Principal Address

Mailing Address

4175 Davie Rd. Suite 100 & 106

4175 Davie Rd. Suite 100&106

Davie, FL, 33314

Davie, FL 33314

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

The repair, purchase and/or sale of medical equipment.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS: 10,000

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

Title/Name

President/ Rares Manasturean

Title/Name

VP/Georgiana Manasturean

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

Title/Name

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

Rares Manasturean
1655 SW 30th Ave,
Fort Lauderdale, FL 33312

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

Georgiana Manasturean
1655 SW 30th Ave
Fort Lauderdale FL 33312

HAVING BEEN NAMED AS REGISTERED AGENT AND 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.

RR / Rares Manasturean
Signature/Registered Agent

05/21/2019
Date

Georgiana / Georgiana Manasturean
Signature/Incorporator

05/21/2019
Date