

P96000020758

TRANSMITTAL LETTER

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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA  
JUN 11 1996

SUBJECT: IMCOR, INC.  
(Proposed corporate name - must include suffix)

600001731656  
-03/04/96--01143--017  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

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

☒ \$70.00  
Filing Fee

☐ \$73.75  
Filing Fee  
& Certificate

☐ \$122.50  
Filing Fee  
& Certified Copy

☐ \$131.25  
Filing Fee,  
Certified Copy  
& Certificate

Additional Copy Required

FROM: ROBERT S. URA  
Name (printed or typed)

1125 MARINE WAY, 31R  
Address

NORTH PALM BEACH, FL 33408  
City, State & Zip

(407) 626-7299  
Daytime Telephone number

5/1/96  
JK

NOTE: Please provide the original and one copy of the articles.

## ***Articles of Incorporation***

### **ARTICLE I NAME**

The name of the corporation shall be IMCOR , Inc.

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business and mailing address of this corporation shall be:

IMCOR , Inc.  
1125 Marine Way  
Unit J1R  
North Palm Beach, Florida 33408

### **ARTICLE III SHARES**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is 100.

### **ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and address of the initial registered agent is:

Robert S. Ura, DDS  
IMCOR , Inc.  
1125 Marine Way  
Unit J1R  
North Palm Beach, Florida 33408

### **ARTICLE V INCORPORATOR**

The name and street address of the incorporator to these Article of Incorporation is:

Robert S. Ura, DDS  
1125 Marine Way  
Unit J1R  
North Palm Beach, Florida 33408

The undersigned incorporator has executed these Article of Incorporation this  
1st day of March, 1996

  
\_\_\_\_\_  
Signature

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is:

IMCOR, INC.

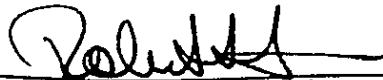
2. The name and address of the registered agent and office is:

ROBERT S. URA  
(NAME)

1125 MARINE WAY, 512R.  
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

N. PALM BEACH, FL 33408  
(CITY/STATE/ZIP)

*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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

  
(SIGNATURE)

3/1/96  
(DATE)