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10-4-96

Requestor's Name Mary Jane Roine Nurse  
Address 10880 S.W. 136 Terrace  
Miami, FL 33176  
City State ZIP Phone  
256-9930

NOTATION ONLY

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-10/08/96--01047--006  
\*\*\*\*122.50 \*\*\*\*122.50

CORPORATION(S) NAME

W.D.K.L. Duplicating X-ray, repair  
and supply, Inc.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED 96 OCT -8 PM 1:31:01  
RECEIVED 96 OCT -8 AM 10:01  
DIVISION OF CORPORATIONS

☒ Profit  
( ) NonProfit ( ) Amendment ( ) Merger  
( ) Foreign ( ) Dissolution ( ) Mark  
( ) Limited Partnership ( ) Annual Report ( ) Other  
( ) Reinstatement ( ) Reservation ( ) Change of Registered Agent  
☒ Certified Copy ( ) Photo Copies ( ) Certificate Under Seal  
( ) Call When Ready ( ) Call If Problem ( ) After 4:30  
☒ Walk In ( ) Will Wait ☒ Pick Up ( ) Mail Out

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

CERTIFIED COPY

**ARTICLES OF INCORPORATION**  
**OF**

FILED  
96 OCT -8 PM 1:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W.D.K.L. DUPLICATING X-RAY, REPAIR and SUPPLY, INC.

The undersigned incorporator(s) for the purpose of forming a corporation under the Florida General Corporation Act, hereby adopt(s) the following Articles of Incorporation:

**ARTICLE I: NAME**

The name of the corporation shall be:

W.D.K.L. DUPLICATING X-RAY, REPAIR and SUPPLY, INC.

The principal place of business of this corporation shall be:

18891 N.W. 22nd. Street, Pembroke Pines, FLORIDA 33029

**ARTICLE II: NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state, country, territory, or nation.

**ARTICLE III: CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is:

FIVE THOUSAND (5,000) SHARES AT ONE DOLLAR (\$1.00) PAR VALUE

**ARTICLE IV: TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V: OFFICERS, DIRECTORS**

The name(s) and street address(es) of the initial officer(s) and director(s), if any, who shall hold office the first year of the corporation's existence or until their successor(s) is (are) elected, is(are):

**PRESIDENT: WILLIAM ANDERSON,**  
18891 N.W. 22nd Street, Pembroke Pines, Florida 33029

**VICE PRESIDENT: KEIR ANDERSON,**  
18891 N.W. 22nd. Street, Pembroke Pines, Florida 33029

**SECRETARY/TREASURER: ANGELA PUNANCY,**  
18891 N.W. 22nd. Street, Pembroke Pines, Florida 33029

SECRETARY/TREASURER: ANGELA PUNANCY,  
18891 N.W. 22nd. Street, Pembroke Pines, Florida 33029

**ARTICLE VI: INCORPORATOR(S)**

The name(s) and street address(es) of the incorporator(s), to this Articles of Incorporation is(are):

MARY JANE E. RAINE,  
10880 SW 136 TERRACE, MIAMI, FLORIDA 33176

IN WITNESS WHEREOF, the undersigned incorporator(s) has(have) executed these Articles  
of Incorporation this 2 day of October, 1996.

Signature(s) of Incorporator(s)

Mary Jane E. Raine  
\_\_\_\_\_  
\_\_\_\_\_

STATE OF FLORIDA

COUNTY OF Dade

THE FOREGOING instrument was acknowledged and sworn to before me this 2<sup>nd</sup>

day of October, 1996, by MARY JANE E. RAINE  
(Name of Incorporator)

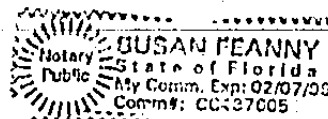
of W.D.K.L. Duplicating X-Ray, Repair and Supply Inc.  
(Name of Corporation)

Notary Public

Suzanne Feanny

My Commission expires: 2/7/99

(SEAL)



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

Pursuant to the provisions of Section 607.034 and 607.325, 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:

W.D.K.L. Duplicating X-Ray, Repair and Supply, Inc.

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

ANGELA PUNANCY,  
18891 N.W. 22 Street Pembroke Pines, FLORIDA 33029

SIGNATURE: \_\_\_\_\_

(Corporate Officer)

TITLE: SECRETARY/TREASURER

DATE: October 1, 1996

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

10/2/96.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA