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FILED 98 APR 27 PM 3: 26 SECRETARY OF STATE TALLAHASSEE, FLORIDA

\$131.25

Filing F

Certifie & Certi

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

INC, Fault SUBJECT: Hagnestic (Proposed corporate name - must include suffix)

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

\$70.00 Filing Fee S78.75 Filing Fee & Certificate ■\$122.50 Filing Fee & Certified Copy

ADDITIONAL COPY REQUI

FROM:

Address

State & Zip

Name (Printed or typed)

36D. φ 13.8 Daytime Telephone number APR 2 7 1998 P.Hall

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Diagnostic Equipment unlimited, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be: 1847 Copital Ciecle NE; Tallahasse, FI 32308 Place of Bus! nailingadaress: 4084 Holauglin, Tallahasse F. F. 32308

ARTICLE III

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

DOD Shakes

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

The name and Florida street address of the initial registered agent are:

Steven T. Barres Jallahassee, FI 32308

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are: Nydia Lecarr 4084 Melanglin Tallahassee, FI 32308 Stevent Barness - 3717 Mundon Way, Tallahasse, FI 32308

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Signature/Incorporator

(An additional article must be added if an effective date is requested.)

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/Registered Agent

98 APR 27 PM 3:26

FILED

SECRETARY OF STATE TALLAHASSEE, FLORIDA