



ARTS-GS

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File No.: 6436422 Date Filed: 10/21/2024

IMP	ORTANT	Read	Instructions	before	completing	this	form.
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Filing Fee - \$100.00

Copy Fees - First page \$1.00; each attachment page \$0.50; Certification Fee - \$5.00

Note: Corporations may have to pay minimum \$800 tax to the California Franchise Tax Board each year. For more information, go to ftb.ca.gov.

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Corporate Name (Go to www.sos.ca.gov/business/be/name-ava	allability for general corporate r	name requirements and	restric	ctions.)		
The name of the corporation is PULMO PATH						
Business Addresses (Enter the complete business addresse	51					
a. Initial Street Address of Corporation - Do not list a P.Q. Box	City (no abbreviations)	St	ate	Žip Cod	de	
10409 Wilsey Ave	Tujunga		CA.	91042		
b. Initial Mailing Address of Corporation, if different than item 2a	City (no abbreviations)		ate	Zip Code		
•	,,					
Service of Process (Must provide either Individual OR Corporal	lion)					
INDIVIDUAL — Complete Items 3a and 3b only. Must include agent's	·	l address.				
a. California Agent's First Name (if agent is not a corporation)	Middle Name	Last Name			Suffix	
Grant	Vardan					
b Street Address (if agent is not a corporation) - Do not enter a P.O. Box	City (no abbreviations)		ale	Zip Code		
10409 Wilsey Ave	Tujunga		A	91042		
c California Registered Corporate Agent's Name (if agent is a corporation) - E						
C Camornia Registereo Corporate Agentis Name (il agentis a corporation) – L	oo not complete item sa or so					
						
4. Shares (Enter the number of shares the corporation is authorized	I to issue. Do not leave blank	or enter zero (0).)				
This corporation is authorized to issue only one class of sh	ares of stock.					
The total number of shares which this corporation is author	ized to issue is	10000				
5. Purpose Statement (Do not aiter the Purpose Statement.)						
The purpose of the corporation is to engage in any lawfunder the General Corporation Law of California other the practice of a profession permitted to be incorporated by the	in the banking business,	the trust company				
6. Read and Sign Below (This form must be signed by each in	corporator. See instruction	s for signature requir	emei	nts.)	······································	
Vand ausan	Grant Vardanyan					

Type or Print Name

Signature