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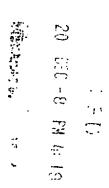
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## **COVER LETTER**

TO:		ation Section of Corpor			
SUBJ	ECT: E	Eureka Medi	cal Laboratories, Inc		
			Name of corporation	on - must include suffix	
Dear S	Sir or Mad	lam:			
"Certi	ficate of I	Existence,"	by Foreign Corporation fo or "Certificate of Good Sta orporation to transact busin	anding" and check are sub-	
Please	return al	l correspon	dence concerning this matt	er to the following:	
Philip	A. Scantle	bury			
			Name o	f Person	
Accou	nting and	Computer S	ervices, Inc		
			Firm/Co	mpany	
5401 S	Kirkmaı	Road, Suite	2 3 1 0		
		•	Ado	lress	
Orland	lo. FL 328	19			
			City/State	and Zip code	
acensr	ves@acsp	ayroll.net			
			E-mail address: (to be used	l for future annual report n	otification)
For fu	rther info	rmation co	ncerning this matter, please	call:	
Philip	A. Scantle	bury	at ( 407	) 745-1714	
		of Person	Area Co		hone Number
STREET/COURIER ADDRESS: Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303		MAILING A Registration S Division of Co P.O. Box 6327 Tallahassee, F	ection orporations 7		
Please	make chec	k payable to	following amount: b: FLORIDA DEPARTMEN		□ \$97.50 Pilio - P.m
□ \$/(	0.00 Filin	gree L	☐ \$78.75 Filing Fee & Certificate of Status	■ \$78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee. Certificate of Status & Certified Copy

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1.	Eureka Medical	Laboratories, Inc		
		orporation; must include "INCORPORATED," " orp." "Inc," "Co," or "Corp.")	COMPANY," "CORPORAT	ION,"
	(If name unavaila	ble in Florida, enter alternate corporate name ado	npted for the purpose of transa	cting business in Florida)
2.	. Guyana (State or country	y under the law of which it is incorporated)	(FEI number, i	fannlicable)
4.	. 11/02/2012	5		
(Date of incorporation) (Date of duration, if other than perpetua			ier than perpetual)	
	. <u>12/07/2020</u> . <u>C/O Accounting a</u>	(Date first transacted business in Fi (SEE SECTIONS 607.1501 & 607.1502 and Computer Services, Inc 5401 S. Kirkman Rog	, F.S., to determine penalty lia ad, Suite 310 Orlando, FL 328	
		(Principal office (Current mailing a	ddress, if different)	
8.	. Name and <u>stree</u> Name:	t address of Florida registered agent: (P.O. I	Box <u>NOT</u> acceptable)	20 DEC - 9
0	Office Address:	5401 S. Kirkman Road, Suite 310  Orlando  (City)	, Florida <u>32819</u> (Zip code)	

#### 9. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(Registered agent's signature)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

#### A. DIRECTORS Name: Andrew Boyle □ Chairman Name: Karen Boyle □Chairman Address: 9921 Avenue K □Vice Chairman Address: 8238 Vineland Oaks Blvd □ Vice Chairman Orlando, FL 32835 TDirector Brooklyn, NY 11236 **■**Director **■**President President ☐ Vice President ☐ Vice President □ Treasurer **■** Secretary Treasurer □ Secretary □ Other \_\_\_\_\_ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ Name: Keziah Renee Boyle Name: Andrew Yanick Boyle □ Chairman □ Chairman □Vice Chairman Address: 8238 Vineland Oaks Blvd □ Vice Chairman Address: 8238 Vineland Oaks Blvd Orlando, FL 32835 Orlando, FL 32835 X Director **X**Director President □ President □ Vice President □Vice President □ Secretary ☐ Treasurer □ Secretary ∏.Treasurer □Other \_\_\_\_\_ □Other \_\_\_\_\_ □Other □Other Name: Mark Anthony Boyle □ Chairman □ Chairman Name: □Vice Chairman Address: 9921 Avenue K □ Vice Chairman Address: Brooklyn, NY 11236 \_\_\_\_\_ □ Director **X**Director President ... □President □ Vice President □ Vice President ☐ Secretary □ Secretary ☐ Treasurer ☐ Treasurer □Other \_\_\_\_\_ \_\_\_\_ ☐Other □Other \_\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

13. Andrew Boyle, President

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Eureka Medical l (Enter name of co "Inc.," "Co.," "Co	.aboratories, Inc rporation; must include "INCORPORATED," "C rp." "Inc." "Co," or "Corp.")	OMPANY." "CORPORATION	4,"	
(If name unavaila	ble in Florida, enter alternate corporate name adop	nted for the purpose of transacting	ng business in Florida)	
2. Guyana (State or country	3	(FEI number, if ap	oplicable)	
4. <u>11/02/2012</u> (Date	of incorporation) 5	corporation) 5		
6. <u>12/07/2020</u> 7. <u>C/O Accounting 3</u>	(Date first transacted business in Flo (SEE SECTIONS 607.1501 & 607.1502, and Computer Services, Inc 5401 S. Kirkman Road (Principal office s	F.S., to determine penalty habit 1. Suite 310 Orlando, FL 32819		
8. Name and stree	(Current mailing act address of Florida registered agent: (P.O. B			
Name:	Accounting and Computer Services, Inc	_		
Office Address:	5401 S. Kirkman Road, Suite 310			
	Orlando (City)	, Florida <u>32819</u> (Zip code)		
designated in this	ent's acceptance:  eed as registered agent and to accept service application, I hereby accept the appointment omply with the provisions of all statutes relatives with and accept the obligations of my positives  (Registered agent's sign	it as registered agent and ag tive to the proper and compl ion as registered agent.	ree ин исыны ны сирасиз. э	

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

□Chairman	Name: Andrew Boyle	□ Chairman 5	Name: Karen Boyle
	Address: 8238 Vineland Oaks Blvd	□Vice Chairman	Address: 9921 Avenue K
		☐ Director	Brooklyn, NY 11236
■. Director	Orlando, FL 32835	□ President	
■ President			
□Vice President		□Vice President	
Secretary	□Treasurer	Secretary	☐ Treasurer
Other		□Other	
⊟Chairman	Name: Keziah Renee Boyle	□Chairman	Name: Andrew Yanick Boyle
□Vice Chairman	Address: 8238 Vineland Oaks Blvd	□Vice Chairman	Address: 8238 Vineland Oaks Blvd
X:Director	Orlando, FL 32835	Director	Orlando, FL 32835
□President		□President	
		□ Vice President	
☐ Secretary	□Treasurer	□ Secretary	□Treasurer
⊡Other		□Other	
□Chairman	Name: Mark Anthony Boyle	□ Chairman	Name:
	Address: 9921 Avenue K	⊏Vice Chairman	Address:
	Brooklyn, NY 11236	□Director	
⊠Director		□President	
□President		□Vice President	
□Vice President		□ Secretary	□Treasurer
☐ Secretary	□Treasurer	·	
□Other	Other	□ ()ther	
individuals may l	Use an attachment to report more than six (6). The be added to the index when filing your Florida Depa	riment of State Amidal N	ed for reporting purposes only. Non-indexed teport form.
12	Signature of Direc	tor or Officer	

13. Andrew Boyle, President
(Typed or printed name and capacity of person signing application)



Company No.: 7251

## COMPANIES ACT OF GUYANA

## CERTIFICATE OF INCORPORATION

EUREKA MEDICAL LABORATORIES INC.

I hereby certify that the above-mentioned Company, Articles of Incorporation of which are attached, was incorporated under the Companies Act of Guyana on the 2nd day of November, 2012.

#### **COUNTY OF DEMERARA**

## THE COMPANIES ACT 1991

(Section 67)

#### CONSENT TO ACT AS SECRETARY

OF

EUREKA MEDICAL LABORATORIES INC.

I, Karen Boyle of 263 Thomas Street, South Cummingsburg, Georgetown, DO HEREBY CONSENT to act as Secretary of the above-named Company.

Karen Boyle

Secretary

Assistant Sworn Clerk 2012-11-06

## COUNTY OF DEMERARA

## THE COMPANIES ACT 1991

(Section 67)

CONSENT TO ACT AS DIRECTOR (S)

OF

EUREKA MEDICAL LABORATORIES INC.

I, Andrew Boyle of 263 Thomas Street, South Cummingsburg, Georgetown, DO HEREBY CONSENT to act as a Director of the above-named Company.

Director

I, Karen Boyle of 263 Thomas Street, South Cummingsburg, Georgetown, DO HEREBY CONSENT to act as a Director of the above-named Company.



<u>Date</u>

**Signatures** 

<u>Title</u>

October 2012

Andrew Boyle

Incorporator

Karen Boyle

Incorporator

Dated at Georgetown, Guyana

This 21st day of October 2012



Certified a True Copy

Assistant Sworn Clerk

2012-11-86

#### **COUNTY OF DEMERARA**

## THE COMPANIES ACT 1991

(Section 67 & 75)

## PRIVATE LIMITED LIABILITY COMPANY WITH SHARE CAPITAL

## NOTICE OF DIRECTOR (S)

OF

## EUREKA MEDICAL LABORATORIES INC.

1: NAME OF COMPANY

2: COMPANY NO:

EUREKA MEDICAL LABORATORIES INC.

7251

3: Notice is given that on the 21 stage day of October 2012 the following Person (s) were appointed Director(s) of the Company.

Name	ADDRESS	OCCUPATION
Name		
Andrew Boyle	c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg GEORGETOWN.	Businessman
Karen Boyle	c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg GEORGETOWN.	Businesswoman

4: The Director(s) of the Company as of this date are:

Andrew Boyle

c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg



#### COUNTY OF DEMERARA

THE COMPANIES ACT, 1991

PRIVATE LIMITED LIABILITY COMPANY WITH SHARE CAPITAL

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Llohico & 3,700

Coppy 3 350

\$\frac{9}{5} 63,556

#### ARTICLES OF INCORPORATION

OF

#### EUREKA MEDICAL LABORATORIES INC.

1: NAME OF COMPANY:

2: COMPANY NO:

EUREKA MEDICAL LABORATORIES INC.

7251

3: CLASSES AND MAXIMUM NUMBER OF SHARES THAT THE COMPANY IS AUTHORISED TO ISSUE:

Five Hundred (500) ordinary shares of the value of \$1,000.00 (One Thousand Dollars) each.

4: RESTRICTION IF ANY OF SHARE TRANSFERS:

The annexed schedule "A" and the restrictions set out therein are incorporated in this form.

5: NUMBER (OR MINIMUM AND MAXIMUM NUMBER) OF DIRECTORS:

Minimum number: 2

Maximum number: 6

6: RESTRICTIONS ON BUSINESS THE COMPANY MAY CARRY ON:

None.

7: OTHER PROVISIONS:

The provisions set out in schedule "A" aforesaid.

### NAME

#### **ADDRESS**

## SIGNATURE

Karen Boyle

c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg GEORGETOWN.

Myl



Sertified a True Copy

Assistant Sworn Clerk

2012-11-06

REGULARIA STATE OF ST

Certifying Clerk

#### **COUNTY OF DEMERARA**

## THE COMPANIES ACT 1991

(Section 188 (1))

#### PRIVATE LIMITED LIABILITY COMPANY WITH SHARE CAPITAL

## NOTICE OF ADDRESS OF REGISTERED OFFICE OF EUREKA MEDICAL LABORATORIES INC.

1: EUREKA MEDICAL LABORATORIES INC. 2: COMPANY NO: 725/

3: ADDRESS OF REGISTERED OFFICE:

263 Thomas Street South Cummingsburg GEORGETOWN.

SAME AS ABOVE 4: MAILING ADDRESS

Title **Signatures** 5: <u>Date</u>

2/4 October 2012 Andrew Boyle

Secretary

Incorporator

Incorporator

# **COMPANIES ACT**

## NO. 29 OF 1991

## DECLARATION OF COMPLIANCE

## EUREKA MEDICAL LABORATORIES INC.

I, PAUL EDWARD FREDERICKS, of 61-62 Avenue of the Republic & Robb Street, Georgetown, Guyana, Attorney-at-Law, do solemnly and sincerely declare that I am the Attorney-at-Law of the High Court of the Supreme Court of Judicature engaged in the registration of the above Company and that to the best of my knowledge and belief no signatory to the articles is an individual described in Section 4 (2) of the Companies Act.

AND I made this solemn declaration believing the same to be true.

**DECLARED** to at Georgetown, Demerara

on this May of October 2012.

**BEFORE ME** 

## **COUNTY OF DEMERARA**

## THE COMPANIES ACT 1991

(Sections 67 & 75)

# PRIVATE LIMITED LIABILITY COMPANY WITH SHARE CAPITAL

## NOTICE OF SECRETARY

OF

## EUREKA MEDICAL LABORATORIES INC.

1: NAME OF COMPANY

2: COMPANY NO:

EUREKA MEDICAL LABORATORIES INC.

3: Notice is given that on the 2 day of October 2012 the following person was appointed Secretary of the Company.

NAME ADDRESS OCCUPATION

Karen Boyle

c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg GEORGETOWN. Businesswoman

The Secretary of this Company as of this date is:

NAME	ADDRESS	OCCUPATION
Karen Boyle	c/o Eureka Medical Laboratories 263 Thomas Street South Cummingsburg GEORGETOWN.	Businesswoman