

*PA000106545*

OFFICE USE ONLY (Document #)

**EXPRESS CORPORATE FILING SERVICE INC.**

(Requestor's Name)

3940 W. FLAGLER ST. 2nd FLOOR

(Address)

MIAMI, FLORIDA 33134 (305)444-4994

(City, State, Zip)

(Phone #)

600003464166--6

-11/15/00--01057--003

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. Spectrum Reference Laboratory, Inc.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

00 NOV 15 AM 10:46  
**FILED**  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

- Walk in     Pick up time \_\_\_\_\_     Certified Copy  
 Mail out     Will wait     Photocopy     Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

00 NOV 15 AM 10:25  
**RECEIVED**  
 DEPARTMENT OF STATE  
 DIVISION OF CORPORATIONS  
 TALLAHASSEE, FLORIDA

*11/15*

Examiner's Initials

**ARTICLES OF INCORPORATION**

**ARTICLE I, NAME**

The name of this corporation is **Spectrum Reference Laboratory, Inc.**

**FILED**  
00 NOV 15 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II, NATURE OF BUSINESS**

**Spectrum Reference Laboratory, Inc.** is organized for the purpose of transacting any lawful business for which corporations may be formed in Florida.

**ARTICLE III, TERM OF EXISTENCE**

The duration of **Spectrum Reference Laboratory, Inc.** is perpetual.

**ARTICLE IV, CAPITAL STOCK**

**Spectrum Reference Laboratory, Inc.** is authorized to issue 100 shares of common stock, par value \$1.00 per share.

**ARTICLE V, ADDRESS**

The principle address of **Spectrum Reference Laboratory, Inc.** is:

2588 SW 27th Ave  
Miami, Fl 33133

and the name of the initial registered agent of this corporation at this address is **Evalidia Porset**

**ARTICLE VI. INITIAL DIRECTORS**

**Spectrum Reference Laboratory, Inc.** shall have one (1) directors, and the number of directors may be changes as provided in the bylaws, but shall never be less than one. The name and address of the initial directors are:

Evalidia Porset  
4420 SW 131st Ave  
Miami, Fl 33175

President/Director

**ARTICLE VII. INCORPORATOR**

The name and addresses of the incorporator of this corporation are:

Evalidia Porset  
4420 SW 131st Ave  
Miami, Fl 33175

IN WITNESS WHEREOF ,the undersigned has executed these Articles of Incorporation this  
9th day of November

**FILED**  
00 NOV 15 AM 10:46  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

00 NOV 15 AM 10:46  
FILED  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ACCEPTANCE OF APPOINTMENT**  
**OF**  
**REGISTERED AGENT**

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: **Spectrum Reference Laboratory, Inc.**  
\_\_\_\_\_  
\_\_\_\_\_

2. The name and address of the registered agent and office is:  
**Evalidia Porset**  
**4420 SW 131st Ave**  
**Miami, Fl 33175**

SIGNATURE *E Porset*  
TITLE **PRESIDENT**  
DATE November 9, 2000

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 THE CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISION 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 *E Porset*  
DATE November 9, 2000