

P05000066881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 MAY -4 AM 9:20
TALLAHASSEE STATE
FLORIDA

5/9/05

TRANSMITTAL LETTER

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

2005 MAY -4 AM 9:20

DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

SUBJECT: Clinical Laboratory Supplies, Inc.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Cynthia L. Johnston
Name (Printed or typed)

790 International Parkway
Address

Sunrise, FL 33325
City, State & Zip

954 871-9649 or 305 450-2416
Daytime Telephone number

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

Clinical Laboratory Supplies, Inc.

2005 MAY -4 AM 9:20

ALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

790 International Parkway
Sunrise, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of laboratory supplies to clinical laboratories

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cynthia L. Johnston President
790 International Parkway
Sunrise, FL 33325

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

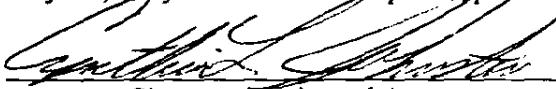
Cynthia L. Johnston (President)
790 International Parkway
Sunrise, FL 33325

ARTICLE VII INCORPORATOR

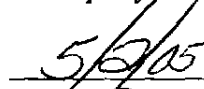
The name and address of the Incorporator is:

Cynthia L. Johnston
790 International Parkway
Sunrise, FL 33325

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent



Date



Date



Signature/Incorporator