

**P11000040069**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To: Division of Corporations  
Fax Number : (850)617-6381

From: Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION  
KEEP IT SIMPLE LAB CORP.**

Certificate of Status 0  
Certified Copy 1  
Page Count 02  
Estimated Charge \$78.75

4/26  
8

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ARTICLES OF INCORPORATION

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

ARTICLE I NAME Keep It Simple Lab Corp.
The name of the corporation shall be:

ARTICLE II PRINCIPAL OFFICE
Principal street address
435 21st Street # 111
Miami Beach, Florida 33139

Mailing address, if different is:
PO Box 669151
Miami, Florida 33166

ARTICLE III PURPOSE
The purpose for which the corporation is organized is:
This corporation may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE IV SHARES
The number of shares of stock is: 500 shares of common stock of \$ 1.00 par value per share.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS
Name and Title: Rodolfo Perez / President
Address: 8200 NW 93 St
Medley, Florida 33166
Name and Title: Javier Casares / Vice-President
Address: 435 21st Street # 111
Miami Beach, Florida 33139

ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
Name: Rodolfo Perez
Address: 8200 NW 93 St
Medley, Florida 33166

ARTICLE VII INCORPORATOR
The name and address of the Incorporator is:
Name: Rodolfo Perez
Address: 8200 NW 93 St
Medley, Florida 33166

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

Required Signature/Registered Agent
Date: 04/25/11

I submit this document and affirm that the facts stated herein are true. I am aware that the 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.

Required Signature/Incorporator
Date: 04/25/11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11 APR 25 AM 11:50

APPROVED AND FILED

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