F04000006401

| (Requestor's Name) |
|---|
| (Address) |
| (Address) |
| (City/State/Zip/Phone #) |
| PICK-UP WAIT MAIL |
| (Business Entity Name) |
| (Document Number) |
| Certified Copies Certificates of Status |
| Special Instructions to Filing Officer: |
| |
| (34, 4099 |
| W04-30054 534, 4099 |

Office Use Only



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09/27/04--01006--025 **43.75

08/05/04--01006--020 **122.50

74 TO 1 -1 AT 8: 26



October 26,2004

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

Dear Sir/Madam;

I, LEOPOLDO SANTIANO, President of SANLAB, Inc. certify that SANLAB, Inc. has been incorporated in Illinois, and that we don't have any intention to use for whatever purpose Sanlab, Inc. which was incorporated in Georgia. The said Sanlab, Inc. in Georgia has been dissolved.

Sincerely,

Leopoldo Santiano President

Sanlab, Inc.

894 A1A Beach Blvd.

St. Augustine, FL 32080



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

September 28, 2004

LEOPOLD SANTIANO 894 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080

SUBJECT: SANLAB INC Ref. Number: W04000030054

We have received your document for SANLAB INC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please accept our apology for failing to mention this in our previous letter.

The name of your corporation is not available in Florida. An out-of-state corporation whose name is not available must adopt an alternate corporate name for use in Florida. The alternate corporate name must contain "Incorporated," "Company, "Corporation," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp." Please enter the alternate corporate name in the space provided in number one of the application.

Simply adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 704A00056675



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

August 6, 2004

LEOPOLD SANTIANO 894 A1A BEACH BLVD. ST. AUGUSTINE, FL 32080

SUBJECT: SANLAB INC Ref. Number: W04000030054

We have received your document for SANLAB INC and your check(s) totaling \$122.50 of which \$78.75 has been applied to file the other document(s)-leaving a balance of \$43.75 to file this document. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6890.

Jason Merrick Document Specialist

Letter Number: 704A00049048

APPLICATION BY FUREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

| State or country under the law of which it is isoprorated) MARCH 33 200 4 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penelty liability) 1081 Sandpiper Dry, Chesterton, In. 46304 (Principal office address) (Current mailing address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santano Rec Address. 894 AlA Baach Blud, St. Augustine, Fl., Florida 33080 (City) Registered agent's acceptance: | Enter name of corporation; must include "INCORPORATED." "COMPANY." | IE STATE OF FLORIDA. |
|---|--|---|
| San ab. Inc. If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, It name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, It name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida, If the first transacted is isotroporated. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 697.1501 & 607.1502, F.S., to determine penalty liability) 1081 Sandpiper Pry Chesterton, In. 46304 (Principal office address) (Current mailing address) (Current mailing address) Name: Leopoldo Santano See Address. 894 Ala Baach Blod, Augustine, Fl., Florida 33080 (City) (City) (City code) | The same of the sa | "CORPORATION" |
| If name unavailable in Florids, enter alternate corporate name adopted for the purpose of gransacting business in Florids. 16 | Title.," "Co.," "Corp," "Inc," "Co," or "Corp.") | CORLOXATION, |
| If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida. 100 | | |
| State or country under the law of which it is isoprorated) MARCH 33, 2004 (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 108'1 Sandpi per Dry, Chesterton, Dr. 46304 (Principal office address) (Current mailing address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leo'poldo Santano Rec Address. 894 ALA Baach Blud, St. Augustine, FL., Florida 33080 (City) Registered agent's acceptance: | Sanlab, Inc. | |
| (Duration: Year corp. will cease to exist or "perpetual") (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1081 Sandpiper Dry, Chesterton, In. 46304 (Principal office address) (Current mailing address) (Current mailing address) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leo'poldo Santiano Rec Address. 894 AlA Basch Blud, \$\frac{4}{2080}\$ Address. Registered agent's acceptance: | If name unavailable in Florida, enter alternate corporate name adopted for the pr | rpose of transacting business in Florida) |
| (Date of incorporation) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1081 Sandop's per Dry, Chesterton, In 46304 (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Rec Address. 894 AlA Brack Bld. | 1661x015 3.136-4 | 460751 |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 697.1501 & 607.1502, F.S., to determine penalty Hability) 108'1 Sandpiper Dry, Chesterton, In 46304 (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Flor Address. 894 Ala Baach Blvd, St. Augustine, Fl., Florida 33080 (City) Registered agent's acceptance: | State or country under the law of which it is incorporated) (1 | El number, if applicable) |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 697.1501 & 607.1502, F.S., to determine penalty Hability) 108'1 Sandpiper Dry, Chesterton, In 46304 (Principal office address) (Current mailing address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Flor Address. 894 Ala Baach Blvd, St. Augustine, Fl., Florida 33080 (City) Registered agent's acceptance: | MARCH 23, 2004 5.1 PERP | FIUAL |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1081 Sandpaper Dry, Chesterton, In. 46304 (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Rec Address. 894 AlA Brach Blvd, St. Augustine, Fl., Florida 33060 (City) Registered agent's acceptance: | | corp. will cease to exist or "perpetual") |
| (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 1081 Sandpaper Dry, Chesterton, In. 46304 (Principal office address) (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Rec Address. 894 AlA Brach Blvd, St. Augustine, Fl., Florida 33060 (City) Registered agent's acceptance: | NIA | |
| (Current mailing address) (Current mailing address) (Purpose(s) of cosporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano fice Address. 894 AlA Baach Blud, St Augustine, FL , Florida 33080 (City) (City) Registered agent's acceptance: | (Date first transacted business in Florida, if prior | o registration) |
| (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Les poldo Sontiano Fice Address. 894 AlA Baach Blvd, St Augustine, Fl., Florida 33080 (City) (Zip code) Registered agent's acceptance: | | • • • |
| (Current mailing address) (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Les poldo Sontiano Fice Address. 894 AlA Baach Blvd, St Augustine, Fl., Florida 33080 (City) (Zip code) Registered agent's acceptance: | 1081 Sandpiper Dry, Chester to | n, In 46304 |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano Rec Address. 894 AlA Basch Blud, St Augustine, Fl., Florida 33080 (City) (Zip code) Registered agent's acceptance: | (Authorities option monters) | |
| (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida) Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Santiano fice Address. 894 AlA Basch Blud, St Augustine, Fl., Florida 33080 (City) (Zip code) Registered agent's acceptance: | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Sontiano Rice Address. 894 ALA Basch Blud, St Augustine, FL , Florida 33080 (Zip code) Registered agent's acceptance: | (Current mailing address) | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Sontiano Rice Address. 894 ALA Basch Blud, St Augustine, FL , Florida 33080 (Zip code) Registered agent's acceptance: | | |
| Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Leopoldo Sontiano Rec Address. 894 ALA Bach Blud, St Augustine, FL , Florida 33080 (City) Registered agent's acceptance: | (Purposeds) of corporation authorized in home state or country to be carried | out in state of Florida) |
| Name: Leopoldo Santiano Rec Address. 894 ALA Brach Blvd, St Augustine, FL , Florida 33080 (City) (Zip code) Registered agent's acceptance: | | • |
| St Augustine, FL , Florida 33080 (City) (Zip code) Registered agent's acceptance: | | eptable) |
| St Augustine, FL , Florida 33080 (City) (Zip code) Registered agent's acceptance: | Name: <u>Leopoldo Santiano</u> | |
| St Augustine, FL , Florida 33080 (City) (Zip code) Registered agent's acceptance: | 204 Ald Boach Rhyl | |
| Registered agent's acceptance: | ince Address. | • |
| Registered agent's acceptance: | St Augustine, Fl., Florida | 330 <u>80</u> |
| | (City) | (Zip code) |
| | Revistered agent's acceptance: | |
| | | r the above stated corporation at the |
| | signated in this application, I hereby accept the appointment as registers | nner and commiste bestormance at a |
| rikes, agree to comply with the provisions of all statutes relative to the proper and complete performance of n | rignated in this application, I hereby accept the appointment as registere rther, agree to comply with the provisions of all statutes relative to the pr | |
| rther, agree to comply with the provisions of all statutes relative to the proper and complete performance of n A Lem familiar with and accept the obligations of my position as registered agent. | signated in this application, I hereby accept the appointment as registere rther, agree to comply with the provisions of all statutes relative to the pr | |
| | vignated in this application, I hereby accept the appointment as registere wther, agree to comply with the provisions of all statutes relative to the pr | |
| | signated in this application, I hereby accept the appointment as registere rther, agree to comply with the provisions of all statutes relative to the pr | |
| A I am familiar with and accept the obligations of my position as registered agent. | signated in this application, I hereby accept the appointment as registere riber, agree to comply with the provisions of all statutes relative to the providing of my position as registed in the familiar with and accept the obligations of my position as registed. | |
| | isignated in this application, I hereby accept the appointment as registers when agree to comply with the provisions of all statutes relative to the providing of any position as registed in a familiar with and accept the obligations of my position as registed. | |

FAX NO.: 9844712982

EROM : RAMADA LID

Jul 14 04 04:44p

under the law of which it is incorporated.

1911 12 S004 08:035W 51

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12. Names and business addresses of officers and/or directors:

| A. DIRECTORS |
|---|
| Chairman: Jose Labayo |
| Address: 17 James Town Dry. |
| Address: 17 Jones Town Drv. Michigan City, In 46360 |
| Vice Chairman: |
| Address: |
| |
| District |
| Director; |
| Address: |
| |
| Director: |
| Address: |
| |
| B. OFFICERS |
| President: Leopoldo (Paul) Santiano |
| |
| Address: 894 AIA Beach Blvd. St Augustine, FL 32080 |
| Vice President: |
| |
| Address: |
| |
| Secretary: Ruby Santiano |
| Address: 1081 Sandpiper Dry, Chesterton, In 46304: |
| Treasurer: Josephna Labayo |
| Address: 17 James Town. Dry, Michigan City, In 46360 |
| |
| NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. |
| 13. (Signature of Director or Officer listed in number 12 of the application) |
| |
| (Typed or printed name and capacity of person signing application) |

File Number

6342-475-7



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that



In Testimony Whereof, I hereto set my hand and cause to be affixed the Great Seal of

the State of Illinois, this

1ST

day of

SEPTEMBER

A.D.

2004

Desse White