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(Requ	estor's Name)	<u> </u>
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(City/s	State/Zip/Phone #	¥)
PICK-UP	WAIT	MAIL
(Busin	ess Entity Name	e)
(Docül	ment Number)	
Certified Copies	Certificates o	of Status
Special Instructions to Filing Officer:		

Office Use Only



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2009 MAY -7 A 8: 33
SECRETARY OF STATE

MAY 12 2009 D. A. WHITE

LAB Productions Co. Inc.

634 Murphys Estate Drive The Villages, Florida 32162



April 14, 2009

Florida Bureau of Corporations New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314.



Here is the completed form with a check enclosed for your fee to register my corporation to do business in Florida. The Pennsylvania Department of State has assured me that you are familiar with how to access the original Pennsylvania On-Line Certification of my Corporation on their website.

I hope that you can provide me with my registration in as short of a time as possible so I can establish a Florida fictitious name and then start doing business in Florida.

Please contact me if you need additional information.

Sincerely,

Lon Barnaby, P.E.

LAB Productions Co. Inc.

(4610) 416-7002

e-mail labproductionscorp@gmail.com



RECEIVED DEPARTMENT OF STATE

09 MAY -7 PM 3: 26

FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 21, 2009

LIONEL A BARNABY LAB PRODUCTIONS CO 634 MURPHYS ESTATE DRIVE THE VILLAGES, FL 32162

SUBJECT: LAB PRODUCTIONS CO.

Ref. Number: W09000018702

We have received your document for LAB PRODUCTIONS CO. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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.

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

If you have any questions concerning the filing of your document, please call (850) 245-6933.

Dale White Regulatory Specialist II

Letter Number: 509A00013371

COVER LETTER

FILED

TO:	Division of Corporations ECT: LAB PRODU	シ <u>と T / シ </u>	SECRETARY OF STATE TALL AHASSEE. FLORIDA	
	(Name of Corpora	tion - mast metade surrix	·	
Dear Si	r or Madam:			
"Certif	closed "Application by Foreign Corporation for icate of Existence," and check are submitted to t business in Florida.			
Please	return all correspondence concerning this mat	ter to the following: $\mathcal{N} \land \mathcal{B} \nearrow$		
(Name of Person)				
1 AR Para -				
LAD MOCTIONS Co				
(Firm/Company)				
634 MURPHYS ESTATE DRIVE				
(Address)				
	LIONEL A BAR (Name LAB PRODUCTIO (Firm/6 634 MURPHYS E (AC) THE VILLAGES	FLORIDA e and Zip code)	32162	
	ther information concerning this matter, please			
1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
(Name of Person) at (610) 416-700 2 (Area Code & Daytime Telephone Number)				
	(Name of Person) (Are	a Code & Daytime Telep	none Number)	
	STREET/COURIER ADDRESS:	MAILING A	ADDRESS:	
	New Filing Section	New Filing S		
	Division of Corporations	Division of Corporations		
	Clifton Building	P.O. Box 632		
	2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee,	FL 32314	
Enclose	ed is a check for the following amount:			
\$70.0	00 Filing Fee \$\bigcup \\$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 FOLLOWING
LAB PRODUCTIONS CO- DE 1009 MAY
IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED FOLLOWING IN THE STATE OF FLORIDA
LABPRO INSPECTIONS INC. MOSSEE. FLORIDA
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2.
2. PENNSYLVANIA 3.
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 6/20/1995 5. PERPETUAL
4. (Date of incorporation) 5. (Duration: Year corp. will cease to exist or "perpetual")
6
(Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 634 MURPHYS ESTATE DRIVE THE VILLAGES, FL 32/62 (Principal office address)
,
SAME AS ABOVE (Current mailing address)
8. PRITMILY HOME INSPECTIONS (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)
Name: LIONEL A BARNABY
Office Address: 634 MURPHYS ESTATE DRIVE
THE VILLAGES, Florida $\frac{32162}{\text{(City)}}$, Florida $\frac{(Zip code)}{\text{(Zip code)}}$
(City) (Zip code)
10. 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)

11. 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.

12. Names and business addresses of officers and/or directors: FILED A. DIRECTORS VILLAGES_ THE Vice Chairman: Address: Address: Director: Address: **B. OFFICERS** VILLAGES Vice President: Address: BARNARY Address: 2850 Apple VALLE, ESTATE DRIVE, DREFIELD PA NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. (Signature of Director or Officer listed in number 12 of the application) BARNARY - CHAIRMAN & PRESIDENT 14. (Typed or printed name and capacity of person'signing application)

FILED

COMMONWEALTH OF PENNSYLVANIA A 8: 34

DEPARTMENT OF STATE TALLAHASSEE, FLORIDA

APRIL 14, 2009

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

LAB PRODUCTIONS CO.

is duly incorporated under the laws of the Commonwealth of Pennsylvania and remains a subsisting corporation so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth