

G32744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

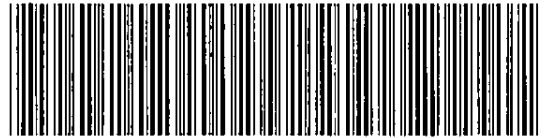
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800435217748

LAW OFFICES

LEVINE, FREEDMAN, HIRSH & LEVINSON

INCORPORATED IN FLORIDA

ARNOLD D. LEVINE
MICHAEL J. FREEDMAN
RICHARD A. HIRSH
RICK B. LEVINSON
STEPHEN L. SEGALL
STEVEN T. NORTHGUTT
NEIL G. SPECTOR
HERBERT M. BERKOWITZ
STEPHEN P. HANLON
NANCY G. FARAGE

THE LEGAL CENTER
725 EAST KENNEDY BOULEVARD
TAMPA, FLORIDA 33602
TELEPHONE (813) 379-0885

PLEASE REPLY TO:
TAMPA

MILLER COUNTY OFFICE
619 TURNER STREET
CLEARWATER, FLORIDA 33616
TEL: (813) 461-0630
PASCO COUNTY TEL
(813) 448-7330

GEORGE H. SHELDON
of counsel

April 8, 1983

G32744 *H/4*

Division of Corporations
Department of State
Post Office Box 6327
Tallahassee, Florida 32301

Re: Ion Laboratories of America, Inc.

Gentlemen:

Enclosed please find an original and one copy of the Articles of Incorporation for the above-named corporation, together with the original and one copy of the Certificate Designating Registered Agent. Please file the original articles and return a certified copy to me.

Also enclosed is our firm check in the amount of \$63.00, representing the filing fee of \$15.00, charter tax of \$30.00, certified copy fee of \$15.00, and registered agent fee of \$3.00.

Please note that the date of commencement of corporate existence of the above corporation is April 8, 1983.

Thank you for your assistance and cooperation in this matter.

Yours very truly,

Michael J. Freedman
MICHAEL J. FREEDMAN

Name	<i>4120</i>
Available	
Docu	SAG
Exch	
Under	<i>84-12</i>
APR 13 1983	
MJF	
enc	
W.P.	<i>W/4</i>

EFFECTIVE DATE
4/8/83

005 1401 4/11/83
005 1401 4/11/83
005 1401 4/11/83
005 1401 4/11/83
005 1401 4/11/83

APR 11 9 54 AM '83
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

632744

ARTICLES OF INCORPORATION

OF

ION LABORATORIES OF AMERICA, INC.

FILED
APR 11 9 34 AM '83
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned subscribers to these Articles of Incorporation, who are natural persons competent to contract, hereby present these Articles to form a corporation under the laws of the State of Florida.

ARTICLE I

NAME OF CORPORATION

The name of this corporation is:

ION LABORATORIES OF AMERICA, INC.

EFFECTIVE DATE

April 8, 1983

ARTICLE II

NATURE OF BUSINESS

The nature of the business or businesses to be transacted by this corporation is:

(a) To purchase, sell, import, export, license, distribute and manufacture vitamins and food supplements and related products, and to engage in such other business in connection therewith and in the sale of such other commodities as may be advantageous to the corporation.

(b) To buy, sell, exchange, lease, lend, import, export, manufacture, repair, service, improve, manage, deal and trade in any and all kinds of property, real, personal or mixed, of whatever nature and wheresoever situate, as principal, agent, factor, correspondent or broker for the corporation's account or for the account of others.

(c) To negotiate, invest in, acquire, buy, sell, transfer, convey, encumber, hypothecate, exchange, trade, service, deal in any and all types of investments and securities as principal, agent, factor, correspondent, representative or broker.

(d) To engage in any and all lawful businesses, trades, occupations and professions.

(e) To generally engage in, do and perform any enterprise, act or vocation that a natural person might or could do or perform.

(f) To engage in any commercial, industrial, and agricultural enterprise calculated or designed to be profitable to this corporation and in conformity with the laws of the State of Florida.

ARTICLE III

CAPITAL STOCK

The maximum number of shares of stock that this corporation is authorized to have outstanding at any one time is: One Hundred (100) shares having a par value of One Dollar (\$1.00) per share.

ARTICLE IV

COMMENCEMENT AND TERM OF EXISTENCE

The existence of this corporation shall commence on April 8, 1983, and this corporation shall have perpetual existence.

ARTICLE V

REGISTERED OFFICE AND AGENT

The street address of the initial registered agent of this corporation is 3115 44th Avenue North, St. Petersburg, Florida 33714, and the name of the initial registered agent of this corporation at that address is William T. Oliver.

ARTICLE VI

INITIAL BOARD OF DIRECTORS

This corporation shall have two (2) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws adopted by the shareholders. The names and addresses of the initial directors of this corporation are:

Name	Address
William T. Oliver	2625 Heron Lane North Clearwater, Florida 33520
Terry Oliver	2625 Heron Lane North Clearwater, Florida 33520

ARTICLE VII

SUBSCRIBERS

The names and post office addresses of the subscribers to these Articles of Incorporation are:

Name	Address
William T. Oliver	2625 Heron Lane North Clearwater, Florida 33520
Terry Oliver	2625 Heron Lane North Clearwater, Florida 33520

ARTICLE VIII

BY-LAWS

The Board of Directors is authorized to adopt By-Laws, including provisions governing the issuance of stock certificates to replace lost or destroyed stock certificates and provisions prohibiting the transfer of the stock of the corporation and of the pre-emptive rights to such stock, provided such By-Laws are not contrary to the laws of the State of Florida.

ARTICLE IX

AMENDMENT

These Articles of Incorporation may be amended in the manner provided by law. Every amendment shall be approved by the Board of Directors proposed by them to the stockholders and approved at a stockholders' meeting by a majority, or such greater number as may be specified in the By-Laws, of the shares of stock entitled to vote thereon unless all the directors and all the stockholders sign a written statement manifesting their intention that a certain amendment of these Articles of Incorporation be made.

IN WITNESS WHEREOF, the undersigned have made, subscribed and acknowledged these Articles of Incorporation this 4th day of April, 1983.


 WILLIAM T. OLIVER

 TERRY OLIVER

STATE OF FLORIDA

COUNTY OF PINELLAS

BEFORE ME, a Notary Public authorized to take acknowledgments in the state and county set forth above, personally appeared WILLIAM T. OLIVER and TERRY OLIVER, known to me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed same for the purposes therein expressed.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my seal in the state and county aforesaid this 4~~th~~ day of April, 1983.


NOTARY PUBLIC,
State of Florida at Large

My commission expires:

NOTARY PUBLIC STATE OF FLORIDA
BONDED THRU CEMERAL INSURANCE UNION
MY COMMISSION EXPIRES APR 21 1984

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE
SERVICE OF PROCESS WITHIN THIS STATE, NAMING AGENT UPON WHOM
PROCESS MAY BE SERVED.

FILED
34 AM '83
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

In pursuance of Chapter 48.091, Florida Statutes, the
following is submitted, in compliance with said Act:

First--That ION LABORATORIES OF AMERICA, INC.

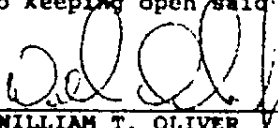
desiring to organize under the laws of the State of Florida
with its principal office, as indicated in the Articles of
Incorporation at City of St. Petersburg County
of Pinellas, State of Florida
has named WILLIAM T. OLIVER

located at 3115 44th Avenue North
(Street address and number of building,
Post Office Box address not acceptable)

City of St. Petersburg, County of Pinellas
State of Florida, as its agent to accept service of process
within this state.

ACKNOWLEDGMENT: (MUST BE SIGNED BY DESIGNATED AGENT)

Having been named to accept service of process for the
above stated corporation, at place designated in this certificate,
I hereby accept to act in this capacity, and agree to comply with
the provision of said Act relative to keeping open said office.

By 
WILLIAM T. OLIVER
(Registered Agent)

90 DAY NOTICE OF INTENT TO DISSOLVE

CORPORATION
ANNUAL REPORT

1984

FLORIDA DEPARTMENT OF STATE
George Fugestone
Secretary of State
DIVISION OF CORPORATIONS

SEP 13 11 15 AM 1984

Read Notice and Instructions on Other Side Before Mailing, Under Seal, Florida
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office:		2. Enter Change of Address of Corporation Principal Office, P.O. Box Number Alone is NOT Sufficient.	
632744 IGM LABORATORIES OF AMERICA, INC. 4 WILLIAM T. OLIVER 3315 44TH AVENUE NORTH ST. PETERSBURG, FL 33714		Street Address P.O. Box No. City State Zip Code	
If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code.			

3. Date incorporated or Qualified To Do Business in Florida	04/03/1983	4. Federal Employer Identification Number (FEIN)	5. Date of Last Report
---	------------	--	------------------------

6. Name and Street Address of Each Officer and Director as of December 31, 1983			
Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
1 OLIVER, WILLIAM T.	President	2625 HERON LANE NORTH	CLEARWATER, FL
2 OLIVER, TERRY	Secretary	2625 HERON LANE NORTH	CLEARWATER, FL

7. Name and Address of Current Registered Agent		8. Name and Address of New Registered Agent	
OLIVER, WILLIAM T. 3315 44TH AVENUE NORTH ST. PETERSBURG, FL 33714		Name Street Address (Do NOT Use P.O. Box Number) City, State and Zip Code	

I, President of the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, organized under the laws of the State of Florida, submit this statement for the purpose of changing its registered officer or registered agent, or both, in the state of Florida. Such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.325 F.S.

 (Registered Agent Accepting Appointment) DATE _____

\$3.00 additional fee required for Registered Agent changes.

See signature instructions under instructions on reverse side of this form.

I hereby certify that I am an Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and that my Signature on This Report Shall Have the Same Legal Effects As if Made Under Oath

Signature of Officer	Date
 William Oliver	9-5-84
Title	Telephone Number
Secretary/Treasure	(813) 527-7255

\$5 additional fee required for a Certificate of Status

CP 2034 (7-81)

CORPORATION

ANNUAL REPORT

1985



ARTICLE

Read Notice and Instructions on Other Side Before Making Entries

Filing Fee of \$20 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation on December 31, 1984

632744
ION LABORATORIES OF AMERICA, INC.
WILLIAM T. OLIVER
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL

33714

If above address is incorrect in any way, enter the correct address in Item 2, Incorporator's Certificate

Is the Corporation or Qualified
DO Business in Florida

04/08/1983

4. Federal Employer
Identification Number (EIN)

5. Date of
Incorporation 09/13/1984

Name and Street Address of Each Officer and Director as of December 31, 1984

Name of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT use P.O. Box Numbers)	City and State	
1 OLIVER, WILLIAM	D/S	12625 HERON LANE N	CLEARWATER, FL	2000
2 OLIVER, TERRY	D	2625 HERON LANE NORTH	CLEARWATER, FL	
3				
4				
5				
6				

Registered Agent Information

7. Name and Address of Current Registered Agent

8. Name and Address of New Registered Agent

OLIVER, WILLIAM T.
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL

33714

Name

Street Address (Do NOT use P.O. Box Numbers)

City, State and Zip Code

I, the undersigned, being duly qualified under the provisions of Sections 607.034 and 607.037, Florida Statutes, the above-named corporation, jointly, jointly and severally, do hereby accept the appointment of registered agent for the purpose of changing its registered office or registered agent or both in the state of Florida. This change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.034 F.S.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes.

Notarizing fees for this document shall be paid by the undersigned to the notary public at the time of signing.

See signature instructions on reverse side of this form.

I, _____, being duly qualified as an Officer of the Corporation, do hereby certify that the above-named person is duly qualified to execute this document in accordance with Chapter 607.034 F.S. and that I understand my signature on this document shall have the same legal effect as if made under oath.

My office signing must be dated in Black.

Signature of Signing Officer _____ Date _____

\$5 additional fee required for a Certificate of Status

DUE DATE ON OR AFTER JANUARY 1 DELINQUENT AFTER JULY 1 OF EACH YEAR

CORPORATION
ANNUAL REPORT
1986



FLORIDA DEPARTMENT OF STATE
George F. Armstrong
Secretary of State
DIVISION OF CORPORATIONS

CONFIDENTIAL INFORMATION

NOV 19 1986

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$20 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

G32744 6
ION LABORATORIES OF AMERICA, INC.
% WILLIAM T. OLIVER
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

2 Enter Change of Address of Corporation Principal Office; P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3 Date of Incorporation or Qualified to Do Business in Florida

04/08/1983

4 Federal Employer Identification Number (FEIN)

59-2368234

5 Date of Last Report

04/29/1985

6 Names and Street Addresses of Each Officer and Director as of December 31, 1985

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
OLIVER, WILLIAM	D/S/T	2625 HERON LANE N	CLEARWATER, FL 00000
OLIVER, TERRY	D	2625 HERON LANE NORTH	CLEARWATER, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

OLIVER, WILLIAM T.
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

8 Name and Address of New Registered Agent

Name 81

Street Address (Do NOT Use P.O. Box Number) 82

City and State 83

FL.

Zip Code 84

I, the undersigned, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, submits this report for the purpose of changing its registered officer or registered agent, or both, in the State of Florida.

I, the undersigned, do hereby certify that the appointment of registered agent, I am familiar with, and accept the obligations of, Section 607.325 F.S.

9 Signature of Registered Agent Accepting Appointment

DATE

\$3.00 additional fee required for Registered Agent changes.

See signature restrictions under instructions on reverse side of this form.

I, the undersigned, do hereby certify that I am an officer of the corporation, the President or Trustee Empowered to Execute This Report as Required by Chapter 607 F.S. and that my signature on this report shall have the same legal effects as if made under oath.

(Signature)

Date

4/29/86

Telephone Number

(813) 527-7255

William T. Oliver

Secretary

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1, 1987

CORPORATION

ANNUAL REPORT
1987



FLORIDA DEPARTMENT OF STATE
George F. Jordan
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

1987 JUL -2 PM 1:00

FLORIDA DEPARTMENT OF STATE
CORPORATION DIVISION
TALLAHASSEE, FLORIDA

Read Notice and Instructions on Other Side Before Making Entries
Filing Fee of \$25 Required - Make Checks Payable To: Secretary of State

1 Name and Address of Corporation Principal Office

632744
ION LABORATORIES OF AMERICA, INC.
% WILLIAM T. OLIVER
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3 Date Incorporated or Qualified To Do Business in Florida 04/08/1983

4 Federal Employer Identification Number (FEIN) 59-2368234

5 Date of Last Report 05/05/1986

6 Name and Street Address of Each Officer and Director, as of December 31, 1986

Names of Officers and Directors	Title	Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	City and State
OLIVER, WILLIAM	D/S/T	2625 HERON LANE N	CLEARWATER, FL 00000
OLIVER, TERRY	D	2625 HERON LANE NORTH	CLEARWATER, FL

REGISTERED AGENT INFORMATION

7 Name and Address of Current Registered Agent

OLIVER, WILLIAM T.
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

8 Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number) 82

Street Address 2 (Do NOT Use P.O. Box Number) 83

City and State 84

FL.

Zip Code 85

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both in the State of Florida, and that such change was authorized by resolution duly adopted by its board of directors on _____.

I hereby accept the appointment of registered agent. I am familiar with and accept the obligations of Section 807.325 F.S.

SIGNATURE (Registered Agent Accepting Appointment)

DATE

\$3.00 additional fee required for Registered Agent changes

See signature restrictions under instructions on reverse side of this form

Certify That I Am An Officer of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 507 F.S. Further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath.

Signature

Date

June 25, 1987

Print Name and Title

Telephone Number

William T. Oliver

Sec.-Treas.

(813) 576-4667

\$5 Additional Fee required for a Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1988



FLORIDA DEPARTMENT OF STATE
IN SENATE
COMMISSIONER OF STATE
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

JUN 29 1988

FILED
JUN 29 1988
TALLAHASSEE, FLORIDA

Filing Fee of \$25 Required — Make Checks Payable To Secretary of State

Name and Address of Corporation Principal Office

G32744
ION LABORATORIES OF AMERICA, INC.
WILLIAM T. OLIVER
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

2 Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

If above address is incorrect in any way, enter the correct address in item 2 of the Line 25 Code.

3 Filing Date
04/08/1983

4 Federal Employer
Identification Number (FEIN) 59-2368234

5 Date of
Last Report 07/02/1987

6 Name and Address of Each Officer and Director, as of December 31, 1987

Name of Officer
and Director

7 Title

8 Street Address of Each
Officer and Director
(Do NOT use P.O. Box Number)

9 City and State

OLIVER, WILLIAM

D/S/T

2625 HERON LANE N

CLEARWATER, FL 00000

OLIVER, TERRY

D

2625 HERON LANE NORTH

CLEARWATER, FL

REGISTERED AGENT INFORMATION

Name and Address of Current Registered Agent

OLIVER, WILLIAM T.
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

10 Name and Address of New Registered Agent

Name 21

Street Address 1 (Do NOT Use P.O. Box Number) 22

Street Address 2 (Do NOT Use P.O. Box Number) 23

City and State 24

FL

Zip Code 25

11 This form is required by Chapter 607, F.S. and 607.001, Florida Statutes. The annual report must be filed with the Secretary of State of the State of Florida, within the time specified in Chapter 607, F.S. and 607.001, Florida Statutes. The annual report must be filed with the Secretary of State of the State of Florida, within the time specified in Chapter 607, F.S. and 607.001, Florida Statutes. The annual report must be filed with the Secretary of State of the State of Florida, within the time specified in Chapter 607, F.S. and 607.001, Florida Statutes.

12 Signature of Registered Agent

DATE

13 Signature of Secretary or Treasurer

14 See instructions on reverse side of this form

15 The Secretary of State of the State of Florida is required to forward this report to the Federal Bureau of Investigation (FBI) as required by Chapter 607, F.S. and 607.001, Florida Statutes. The annual report must be filed with the Secretary of State of the State of Florida, within the time specified in Chapter 607, F.S. and 607.001, Florida Statutes.

Date
June 21, 1988

Secretary/Treasurer

(813) 527-1071

\$5 Additional Fee
required for a
Certificate of Status

FILE NOW! ANNUAL REPORT DELINQUENT AFTER JULY 1ST

• CORPORATION

ANNUAL REPORT
1989



FLORIDA DEPARTMENT OF STATE
JIM SMITH
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

EX-103 N: 3 40

STATE
DIVISION
TALLAHASSEE, FLORIDA

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

1. Name and Address of Corporation Principal Office

ZIP + 4

G32744 6
ION LABORATORIES OF AMERICA, INC.
& WILLIAM T. OLIVER
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714-3807

2. Enter Change of Address of Corporation Principal Office. P.O. Box Number Alone is NOT Sufficient

Street Address 2:

6554 44th St N
P.O. Box No. 22

City and State 23:

Pine Hills Park, FL
Zip Code 24: 34665

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code

3. Date Incorporated or Qualified To Do Business in Florida

04/08/1983

4. Federal Employer Identification Number (FEIN)

59-2368234

5. Date of Last Report

06/29/1988

6. Names and Street Addresses of Each Officer and Director, as of December 31, 1988

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D/S/T	OLIVER, WILLIAM	2625 HERON LANE W	CLEARWATER, FL 00000
D	OLIVER, TERRY	2625 HERON LANE NORTH	CLEARWATER, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Current Registered Agent

OLIVER, WILLIAM T.
3115 44TH AVENUE NORTH
ST. PETERSBURG, FL 33714

8. Name and Address of New Registered Agent

Name 81:

SAME

Street Address 1 (Do NOT Use P.O. Box Numbers) 82:

6554 44th St N

Street Address 2 (Do NOT Use P.O. Box Numbers) 83:

City and State 84:

Pine Hills Park, FL

Zip Code 85:

34665

9. Pursuant to the provisions of Sections 607.034 and 607.037, Florida Statute, the above-named corporation, incorporated under the laws of the State of Florida, submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by resolution duly adopted by its board of directors on 11/1/88.

I hereby accept the appointment of registered agent. I am familiar with, and accept the obligations of, Section 607.025 FS.

SIGNATURE

(Registered Agent Accepting Appointment)

DATE

10. If a foreign corporation, date first transacted business in Florida

11. See signature instructions under instructions on reverse side of this form.

I Certify That I Am An Officer or Director of the Corporation, the Receiver or Trustee Empowered to Execute This Report as Required by Chapter 607 FS. I further Certify That I Understand My Signature On This Report Shall Have the Same Legal Effects As if Made Under Oath. (Officer or Director signature must be typed in Block 6.)

Signature

Typed Name of Signing Officer or Director

Title

SECRETARY / TREASURER

Date

2/6/89

Secretary/Treasurer

12. Should you desire a certificate of status, check the box

CERTIFICATE OF STATUS DESIRED

5. Additional Fee
transmitted via

(813) 527-1072

CAPITAL CONNECTION, INC.

417 E. Virginia St., Suite 1, Tallahassee, FL 32301, (904) 224-8870
 Mailing Address: Post Office Box 10349, Tallahassee, FL 32302
 TOLL FREE No. 1-800-342-8062
 FAX (904) 222-1222

NAME
 FIRM
 ADDRESS

632744

PHONE ()

Service: Top Priority _____ Priority _____

To us via _____ Return via _____

Job No.: _____ Express Mail No. _____

State Fee \$ _____ Our \$ _____

Glinda gave authorization
 to make changes and
 add...

Name	
Availability	KS
Document Examiner	KS
Updater	KS
Updater Verifier	KS
Acknowledgement	KS
W. P. Verifier	KS

REQUEST TAKEN CONFIRMED APPROVED
 DATE
 TIME
 BY

WALK-IN
 Will Pick Up

6-25-11 D

of No 18845
 RE: *TON Labs of America Inc*

	G.C. FEE.	DISBURSED
Capital Express		
Art. of Inc. File		
Corp. Record Search		
Ltd. Partnership File		
Foreign Corp. File		
✓ Cert. (Copy(s)) <i>Delayed Copy</i>		
Art. of Amend. File		
Dissolution/Withdrawal		
C U S-		
Good Standing Cert.		
Name Reservation		
Annual Report		
Reg. Agent Service		
Document Filing		
Corporate Kit		
Vehicle Search		
Driving Record		
Document Retrieval		
UCC 1 or 3 File		
UCC 11 Search		
UCC 11 Retrieval		
File No.'s _____ Copies _____		
Courier Service		
Shipping/Handling		
Phone ()		
Top Priority		
Express Mail Prep.		
FAX ()		
pgs.		

SUBTOTALS

FEE	
DISBURSED	
SURCHARGE	
TAX on corporate supplies	
SUBTOTAL	
PREPAID	
BALANCE DUE	

Please remit invoice number with payment
 TERMS: NET 10 DAYS FROM INVOICE DATE
 1 1/2% per month on Past Due Amounts
 Past 30 Days, 18% per Annum

THANK YOU
 from
 Your Capital Connection

1992 JUN 25 AM 10:44
 SECRETARY OF STATE
 TALLAHASSEE, FL 32303

FILED

ARTICLES OF AMENDMENT
TO THE ARTICLES OF INCORPORATION
OF
^{Laboratories}
ION ~~LABS~~ OF AMERICA, INC.

FILED
1992 JUN 25 PM 10 44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Pursuant to the provisions of Section 607.181 of the Florida General Corporation Act, the undersigned Corporation herewith restates the original Articles of Incorporation as filed and amended to date, if applicable, and adopts the following Articles of Amendment to its Articles of Incorporation:

1. The name of this Corporation is ^{Laboratories} ION ~~LABS~~ OF AMERICA, INC.

2. The following Amendments of the Articles of Incorporation were adopted by the Shareholders of the Corporation on the ^{ALL} 11th day of February, 1992, in the manner prescribed by the Florida General Corporation Act.

ARTICLE I

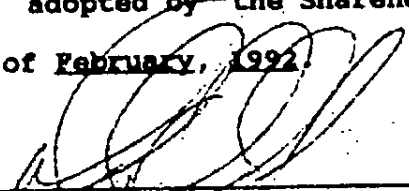
Article I of the Articles of Incorporation of ^{Laboratories} ION ~~LABS~~ OF AMERICA, INC. is herewith amended to change the name of the corporation and is amended to read as follows:

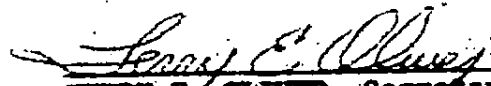
ARTICLE I. NAME

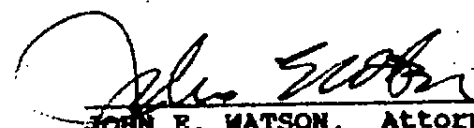
The name of this Corporation is ION LABS. INC.

The foregoing Amendment was adopted by the Shareholders of this Corporation on the 11th day of February, 1992.

Attest:

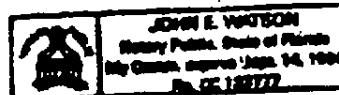

WILLIAM E. OLIVER, President


TERRY E. OLIVER, Secretary


JOHN E. WATSON, Attorney
600 DISSTON CENTER
600 - 49th Street, Suite A
St. Petersburg, FL 33710
(813) 327-6688

SWORN TO and subscribed before me this 12th day of June, 1992.


Notary Public
State of Florida at Large
My Commission Expires:



FILE NOW! THIS ANNUAL REPORT WILL BE DELINQUENT AFTER JULY 1ST

PS-02-04-08

CORPORATION

ANNUAL REPORT
1990



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

DO NOT WRITE IN THIS SPACE

FILED

1990 JUL -3 AM 5:26

Filing Fee of \$35 Required — Make Checks Payable To: Secretary of State

Name and Address of Corporation Principal Officer

G32744 6

ZIP + 4 PRESORT

ION LABORATORIES OF AMERICA, INC.
% WILLIAM T. OLIVER
6554 44TH ST N
PINELLAS PARK, FL 34665-5936

If above address is incorrect in any way, enter the correct address in Item 2. Include Zip Code

2 If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box number alone is NOT sufficient. The NAME of the corporation can be changed only by filing an amendment.

Street Address 21

P.O. Box No. 22

City and State 23

Zip Code 24

Incorporated or Qualified
Business in Florida

04/08/1983

4. FEI Number

59-2368234

FEI Number Applied For
FEI Number Not Applied For

Name and Street Addresses of Each Officer and Director (Do not use any correction tape or find to cover over incorrect information)

Names of Officers
and Directors

Street Address of Each
Officer or Director
(Do NOT Use Post Office Box Number)

City and State

D/S/T OLIVER, WILLIAM

2625 HERON LANE N

CLEARWATER, FL

00000

President
DI

OLIVER, TERRY

2625 HERON LANE NORTH

CLEARWATER, FL

D/P/S/T Oliver, William

2625 Heron La. N.

Clearwater, FL.

D Oliver, Terry

2625 Heron La. N.

Clearwater, FL.

REGISTERED AGENT INFORMATION

OLIVER, WILLIAM T.
6554 44TH ST N
PINELLAS PARK, FL 34665

8. Name and Address of New Registered Agent

Name 81

Street Address 1 (Do NOT Use P.O. Box Number 82)

Street Address 2 (Do NOT Use P.O. Box Number 83)

City and State 84

FL

Zip Code

Under the provisions of Chapters 607, 608 and 609, Florida Statutes, the above-named corporation, or individual under the laws of the State of Florida, submits this statement of incorporation, and is hereby organized as a corporation under the laws of the State of Florida. The undersigned is a resident of the State of Florida and is qualified to act as a registered agent for the corporation. The undersigned is a resident of the State of Florida and is qualified to act as a registered agent for the corporation. The undersigned is a resident of the State of Florida and is qualified to act as a registered agent for the corporation.

DATE

(Registered Agent Accepting Appointment)

DATE

I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the corporation is duly organized under the laws of the State of Florida.

I, the undersigned, do hereby certify that the above information is true and correct to the best of my knowledge and belief, and that the corporation is duly organized under the laws of the State of Florida.

William Oliver

President

(813) 527-1072

\$5 Annual Fee
required for a
Certificate of Status

FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.

CORPORATION

ANNUAL REPORT
1991



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
FL. DEPT. OF STATE
CORPORATION DIVISION
TALLAHASSEE, FL
FILED

FILING FEE OF \$61.25 REQUIRED

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation **DOCUMENT # G32744 (6)**

ION LABORATORIES OF AMERICA, INC.
% WILLIAM T. OLIVER
6554 44TH ST N
PINELLAS PARK, FL 34665-5936

2. If Address in Block 1 is incorrect in any way, enter the correct address below. P.O. Box is acceptable. The NAME of the corporation can be changed only by filing an amendment.

21. Street Address

22. P.O. Box No.

23. City and State

24. Zip Code

If above address is incorrect in any way, enter the correct address in item 2. Include Zip Code.

3. Date Incorporated or Qualified
in Business in Florida

4. FEI Number

FEI Number Applied For

\$8.75

FEI Number Not Applicable

CERTIFICATE OF STATUS REQUIRED

04/08/1983

59-2368234

5. Names and Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1. Title	2. Names of Officers and Directors	3. Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4. City and State
D/P/S	OLIVER, WILLIAM	2625 HERON LANE N	CLEARWATER, FL 00000
D	OLIVER, TERRY	2625 HERON LANE NORTH	CLEARWATER, FL
VP	REED VAUGHN	2641 12th St. N.	St. Petersburg FL 33704

REGISTERED AGENT INFORMATION

6. Name and Address of Current Registered Agent

OLIVER, WILLIAM T.
6554 44TH ST N
PINELLAS PARK, FL 34665

67. Name

68. Street Address (Do NOT Use P.O. Box Numbers)

69. Street Address (Do NOT Use P.O. Box Numbers)

70. City

FL

33704

I, the undersigned, being a resident of the State of Florida, do hereby certify that the above information is true and correct and that the corporation is in good standing with the State of Florida. I further certify that I am an officer or director of the corporation or the receiver or trustee of the corporation, and that my name appears on the corporation's books as an officer or director with an address.

SIGNATURE
(Registered Agent Accepting Appointment)

DATE 5/29/91

FILING FEE OF \$61.25 REQUIRED—Make Checks Payable To: Secretary of State **\$8.75 Additional Fee required for a Certificate of Status**

**FILE NOW! CORPORATE STATUS WILL BE
DELINQUENT AFTER JULY 1ST.**

CORPORATION

ANNUAL REPORT
1992



FLORIDA DEPARTMENT OF STATE
Jim Smith
Secretary of State
DIVISION OF CORPORATIONS

APPROVED
SEC. OF STATE
CORPORATIONS DIV.
TALLAHASSEE, FLA.
FILED

FILING FEE \$61.25 Make Payable To: Secretary of State

DO NOT WRITE IN THIS SPACE

1. Name and Mailing Address of Corporation: **DOCUMENT #G32744 (6)**

**ION LABORATORIES OF AMERICA, INC.
% WILLIAM T. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665-5936**

2. If Address in Block 1 is incorrect in any way, line through the incorrect information and enter the correct address below. For it acceptable, the NAME of the corporation can be changed only by filing an amendment.

21 Mailing Address:

22 P.O. Box No.

23 City and State

24 Zip Code

3. Date Incorporated or Qualified
To Do Business in Florida

04/08/1983

4a. Date of Report

06/25/1991

4. FEI Number

59-2368234

FEI Number Applied For

FEI Number Not Applicable

5. **\$6.75**

CERTIFICATE OF STATUS DE

6. List the Street Addresses of Each Officer and Director (Do not use any correction tape or fluid to cover over incorrect information.)

1	2 Names of Officers and Directors	3 Street Address of Each Officer and Director (Do NOT Use Post Office Box Numbers)	4 City and State
D/P/S	OLIVER, WILLIAM	2625 HERON LANE N	CLEARWATER, FL 00000
V/P	REED VAUGHN	2641 12TH ST., N.	ST. PETERSBURG, FL

REGISTERED AGENT INFORMATION

7. Name and Address of Registered Agent

**OLIVER, WILLIAM T.
6554 44TH ST N
PINELLAS PARK, FL 34665**

8. Name and Address of Non-Registered Agent

81 Name:	
82 Street Address 1 (Do NOT Use P.O. Box Number)	
83 Street Address 2 (Do NOT Use P.O. Box Number)	
84 City	FL 85 Zip Code

9. If to the provisions of Sections 607.02, 607.03, 607.04, 607.05, 607.06, 607.07, 607.08, 607.09, 607.10, 607.11, 607.12, 607.13, 607.14, 607.15, 607.16, 607.17, 607.18, 607.19, 607.20, 607.21, 607.22, 607.23, 607.24, 607.25, 607.26, 607.27, 607.28, 607.29, 607.30, 607.31, 607.32, 607.33, 607.34, 607.35, 607.36, 607.37, 607.38, 607.39, 607.40, 607.41, 607.42, 607.43, 607.44, 607.45, 607.46, 607.47, 607.48, 607.49, 607.50, 607.51, 607.52, 607.53, 607.54, 607.55, 607.56, 607.57, 607.58, 607.59, 607.60, 607.61, 607.62, 607.63, 607.64, 607.65, 607.66, 607.67, 607.68, 607.69, 607.70, 607.71, 607.72, 607.73, 607.74, 607.75, 607.76, 607.77, 607.78, 607.79, 607.80, 607.81, 607.82, 607.83, 607.84, 607.85, 607.86, 607.87, 607.88, 607.89, 607.90, 607.91, 607.92, 607.93, 607.94, 607.95, 607.96, 607.97, 607.98, 607.99, 608.00, 608.01, 608.02, 608.03, 608.04, 608.05, 608.06, 608.07, 608.08, 608.09, 608.10, 608.11, 608.12, 608.13, 608.14, 608.15, 608.16, 608.17, 608.18, 608.19, 608.20, 608.21, 608.22, 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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
JAN 20 1964
BUREAU OF PUBLIC
DIVISION OF CORPORATIONS

DOCUMENT #
G32744 (6)

ION LABS, INC.

WILLIAM E. OLIVER
6534 44TH ST N
PINELLAS PARK FL 34085

Frederick F. Jones of Business
% WILLIAM E. OLIVER
8554 44TH ST N
PINELLAS PARK FL 34085

DO NOT WRITE IN THIS SPACE

3. Date incorporated or chartered 04/08/1983	3a. Date of last report 05/01/1983
4. FBI Number 58-2368234	Accepted for Not Accepted for
5. Certificate of Status Amount \$8.75 ☐	6. Election Certificate Funding from Fund Contributions \$5.00 Min. Ex. Added to Fees
7. Nonprofit Exempt from \$1,000 Fee Supplemental Fee ☐	
8. This corporation has liability for employment tax under S 1201(c) Federal State or ☐ Yes ☐ No	

9. Name and Address of Current Registered Agent

OLIVER, WILLIAM E
6554 44TH ST N
PINELLAS PARK FL 34865

[illegible]

11. Amendment of Sections 607.5500 and 607.5502 of Sections 607.5502 and 607.5503, Florida Statutes The above-named corporation submits this statement as changing its registered office or registered agent, or both, in the State of Florida. Such change was authorized by the corporation's board of directors. The corporation is its registered agent. I am familiar with, and accept the obligations of, Section 607.5502 of the Florida Statutes.

DATE .

12. OFFICERS AND DIRECTORS

12.	OWNERS' TO OFFICERS AND VICE PRES.
-----	------------------------------------

BIP/S-
 OLIVER, WILLIAM
 2825 MERION LANE N
 CLEARWATER, FL 00000
 -VIP-
 REED-YAUGHN
 2844 12TH ST., N.
 ST. PETERSBURG FL-

NAME	D/P
NAME	OLIVER WILLIAM
ADDRESS	2625 HERON LN
CITY	CLACKAMIN, FL 34622
NAME	D/VP/S
NAME	OLIVER, TERRY
ADDRESS	2625 HERON LN
CITY	CLACKAMIN, FL 34622

14. The undersigned hereby certifies that the foregoing information was obtained from the records maintained by the Department of Corrections, State of Florida, and that the same are true and correct as far as they go.

(Signature)

(Typed Name)

Date

SIGNATURE: William Oliver WILLIAM OLIVER 21.194 527-1072

SECOND NOTICE: CORPORATION WILL BE DISSOLVED ON OR AFTER AUGUST 9, 1988.
AMOUNT DUE ON OR BEFORE 8-9-88: \$225 (IF DISSOLVED, MINIMUM AMOUNT DUE TO REINSTATE: \$375)

PROFIT
CORPORATION
ANNUAL REPORT

1995



FLORIDA DEPARTMENT OF STATE
Charles B. Harrison
Secretary of State
100 SOUTH FLORIDA AVENUE

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AND
FILED

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DOCUMENT # G32744

(6)

1. Corporation Name
ION LABS, INC.

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2. Principal Place of Business

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

3. Mailing Address

% WILLIAM E. OLIVER
6554 44TH ST N
PINELLAS PARK FL 34665

DO NOT WRITE IN THIS SPACE

4. Date Incorporated or Qualified

04/08/1983

5. Date of Last Report

05/01/1994

6. FEI Number

59-2368234

7. Approved For

First Application

8. Certificate of Status Desired

☐

\$8.75 Additional
Fee Required

9. Election Campaign Financing

☐

\$5.00 May Be
Added to Fees

10. This corporation has liability for intangible tax under s. 193.031,
Florida Statutes ☐ Yes ☐ No

21. Principal Place of Business

21. City, Apt. #, etc.

22. Mailing Address

22. City, Apt. #, etc.

23. State

23. City & State

24. Country

24. Zip

25. Country

10. Name and Address of New Registered Agent

OLIVER, WILLIAM E.
6554 44TH ST N
PINELLAS PARK FL 34665

81. Name

82. Street Address (P.O. Box Number is Not Acceptable)

83.

84. City

FL

85. Zip Code

11. Pursuant to the provisions of Sections 607.0502 and 607.1503, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered agent, or both, in this State of Florida. Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent. I agree with, and accept the obligations of, Section 607.0505, Florida Statutes.

12. SIGNATURE

Signature of Registered Agent or Registered Agent's Representative

Signature of Registered Agent or Registered Agent's Representative

DATE

12. OFFICERS AND DIRECTORS

12.1	NAME	DP OLIVER, WILLIAM 2825 HERON LANE N CLEARWATER, FL 00000
12.2	NAME	DVPS OLIVER, TERRY 2825 HERON LANE NORTH CLEARWATER FL
12.3	NAME	
12.4	NAME	
12.5	NAME	
12.6	NAME	
12.7	NAME	
12.8	NAME	
12.9	NAME	
12.10	NAME	
12.11	NAME	
12.12	NAME	
12.13	NAME	
12.14	NAME	
12.15	NAME	
12.16	NAME	
12.17	NAME	
12.18	NAME	
12.19	NAME	
12.20	NAME	

13. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS OF 11

13.1	TITLE	VPI	☐ Change ☒ Add
13.2	NAME	NOVAK, JENNIFER	
13.3	STREET ADDRESS	6545 - 44TH ST. N.	
13.4	CITY-STATE-ZIP	PINELLAS PARK, FL 34665	
13.5	TITLE		☐ Change ☐ Add
13.6	NAME		
13.7	STREET ADDRESS		
13.8	CITY-STATE-ZIP		
13.9	TITLE		☐ Change ☐ Add
13.10	NAME		
13.11	STREET ADDRESS		
13.12	CITY-STATE-ZIP		
13.13	TITLE		☐ Change ☐ Add
13.14	NAME		
13.15	STREET ADDRESS		
13.16	CITY-STATE-ZIP		
13.17	TITLE		☐ Change ☐ Add
13.18	NAME		
13.19	STREET ADDRESS		
13.20	CITY-STATE-ZIP		

SIGNATURE:

WILLIAM OLIVER

6-28-95 (813) 527-1072