

N11000005022

(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



000207817120

05/24/11--01005--011 **87.50

RECEIVED

11 MAY 24 AM 10:51

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

11 MAY 24 AM 11:11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K 05/24/11

COVER LETTER

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

SUBJECT: Lab First Community Service Center, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Mary Anne Mathews
Name (Printed or typed)

182 Sparkleberry Bluds.
Address

Quincy, FL 32351
City, State & Zip

850-627-2521
Daytime Telephone number

labfirstinc@yahoo.com
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION
In compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be: Lab First Community Service Center, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
215 West Jefferson St.
Quincy, Florida 32351

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Provide health screenings & health education to the citizens of our community, as well as provide Substance Abuse Counseling, Drug Testing + education.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed: Directors shall be elected or appointed in the manner and for the terms provide in the bylaws.

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Mary Anne Mathews, President
Address: 182 Sparkleberry Blvd S.
Quincy, FL 32351

Name and Title: _____
Address: _____

Name and Title: Anthony Mathews, Vice President
Address: 182 Sparkleberry Blvd S.
Quincy, FL 32351

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Mary Anne Mathews
Address: 182 Sparkleberry Blvd S.
Quincy, FL 32351

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Mary Anne Mathews
Address: 182 Sparkleberry Blvd S.
Quincy, FL 32351

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

Mary A. Mathews

Required Signature of Registered Agent

5/24/2011
Date

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

Mary A. Mathews

Required Signature of Incorporator

5/24/2011
Date

FILED
11 MAY 24 AM 11:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA