

OFFICE USE ONLY (Document #)

**EXPRESS CORPORATE FILING SERVICE INC.**

(Requestor's Name)

1000 PONCE DE LEON BLVD. STE:112

(Address)

CORAL GABLES, FLORIDA 33134

(City, State, Zip)

(305) 444-4994

(Phone#)

(305) 444-4977

(FAX#)

OFFICE USE ONLY

**CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):**

1. FLEMING CLINICAL LAB., INC.  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in ☒ Pick up time \_\_\_\_\_

☐ Certified Copy

☐ Mail out ☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

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\*\*\*\*\*78.75 \*\*\*\*\*78.75

Examiner's Initials

ARTICLES OF INCORPORATION  
OF  
FLEMING CLINICAL LAB., INC.

FILED  
00 JAN 19 PM 1:14  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

ARTICLE I - NAME

The name of this corporation is \_\_\_\_\_  
FLEMING CLINICAL LAB., INC.

ARTICLE II - DURATION

This corporation shall have perpetual existence, unless  
sooner dissolved in accordance with the laws of the State of  
Florida.

ARTICLE III - PURPOSE

This corporation is organized for the purpose of transacting  
any and all business permitted under the laws of the United States  
and of the State of Florida.

ARTICLE IV - CAPITAL STOCK

This corporation is authorized to issue one hundred (100)  
shares of no par value common stock, which shall be designated  
"Common Stock".

ARTICLE V - PREEMPTIVE RIGHTS

Every shareholder, upon the sale for cash of any new stock of  
this corporation of the same kind, class or series as that which  
he already holds, shall have the right to purchase his pro rata  
share thereof (as nearly as may be done without issuance of  
fractional shares) at the price at which it is offered to others.

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 7864 N.W. 192<sup>nd</sup> ST. MIAMI, FL 33015

and the name of the initial registered agent of this corporation is MICHELLE E. ALMEIDA

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have two director(s) initially. The number of directors may be either increased or diminished from time to time by the bylaws but shall never be less than ONE. The name and address(es) of the initial director(s) of this corporation is (are):

MICHELLE E. ALMEIDA

7864 N.W. 192<sup>nd</sup> ST  
MIAMI, FL 33015

ALBERTO OSTOLAZA JR

7864 N.W. 192<sup>nd</sup> ST  
MIAMI, FL 33015

ARTICLE VIII - INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE IX - INCORPORATOR

The name(s) and address(es) of the incorporator(s) of these articles is (are):


MICHELLE E. ALMEIDA

7864 N.W. 192<sup>nd</sup> ST.  
MIAMI, FL 33015

ALBERTO OSTOLAZA JR

7864 N.W. 192<sup>nd</sup> ST  
MIAMI, FL 33015

IN WITNESS WHEREOF, the undersigned subscriber(s) has (have)  
executed these articles of incorporation this 14<sup>th</sup> day of  
January, 2000.

  
MICHELLE E. ALMEIDA

  
ALBERTO OSTOLAZA JR

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

In compliance with section 607.034 of the Florida Statutes,  
the following is submitted: FLEMING CLINICAL LAB., INC.  
desiring to organize or qualify under the laws of the State of  
Florida, with its principal place of business in the City of  
Miami, County of Dade, State of Florida, has named \_\_\_\_\_  
MICHELLE E. ALMEIDA located at \_\_\_\_\_  
7864 N.W. 192<sup>nd</sup> ST., City of Miami, County of Miami Dade,  
State of Florida as its agent to accept service of process within  
the State of Florida.

ACKNOWLEDGMENT

Having been named to accept service of process for the above  
mentioned corporation, at the place designated in this Certificate,  
I hereby agree to act in this capacity, and further agree to comply  
with the provisions of all Statutes relative to the proper and  
complete performance of my duties.

Dated this 14<sup>th</sup> day of January, 2000

*Michelle*

*[Signature]*  
Resident and Registered Agent

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

00 JAN 19 PM 1:14

FILED