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TRANSMITTAL LETTER

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

800003227398--1
-04/27/00-01097-022
*****78.75 *****78.75

SUBJECT: ORION LABS. 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 of
Status

ADDITIONAL COPY REQUIRED

FROM: LARRY S. ABEL
Name (Printed or typed)

9050 PINES BOULEVARD, 3B
Address

PEMBROKE PINES, FL. 33024
City, State & Zip

(954) 431-6669
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 27 PM 2:04

FILED

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

[Handwritten signature]

Need Express Service Please!
We'll provide credit card no.
if available

(800) 452-8091

[Handwritten signature]

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

FILED
00 APR 27 PM 2:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I NAME

The name of the corporation shall be: ORION LABS. INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8616 GRIFFIN ROAD
COOPER CITY, FL

MAKING BDD:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

PROFESSIONAL CORPORATION

9050 PINES BLVD SUITE 383
PEMBROKE PINES FL 33024

BUSINESS

CLINICAL REFERENCE LAB.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

RUTH P. WEBB. PRES.

ELIZABETH RINEHART, VP.

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

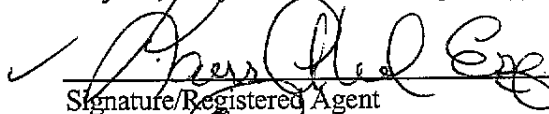
LARRY ABEL
9050 PINES BLVD. 383
PEMBROKE PINES FL
33024

ARTICLE VII INCORPORATOR


The name and address of the Incorporator is:

LAZARA JOHNSON
2498 NXX 39ST
BOCA RATON FL 33431

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


Signature/Registered Agent LARRY S. ABEL

4/19/00
Date


Signature/Incorporator LAZARA JOHNSON

Date