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To:

Division of Corporations

Fax Number : (850) 922-4001

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)541-3694 Fax Number : (305)541-3770

SECRETARY OF STATE ALLAHASSEE FIREINA

FLORIDA PROFIT CORPORATION OR P.A.

ALFA MEDICAL LAB., CORP.

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

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FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

May 17, 2000

EMPIRE

SUBJECT: ALFA MEDICAL LAB, CORP.

REF: W00000012900

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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ARTICLES OF INCORPORATION

OF

ALFA MEDICAL LAB., CORP.

ARTICLE I

The name of the Corporation is: ALFA MEDICAL LAB., CORP.

ARTICLE II

The Corporation may engage in or transact in any or all activity or Business permitted under the Laws of the United States and of the State of Florida.

ARTICLE III

The Corporation is authorized to issue and have outstanding an Agregate number of SEVEN THOUSAND FIVE HUNDRED (7,500) shares Of one class of common stock having a per-value of ONE (\$ 1.00) DOLLAR Per share. This consideration to be paid for each share of stock shall be Fexed by the Board of Directors.

ARTICLE IV

All shareholders of the Corporation shall be bested with full preemtive rights.

ARTICLE V

The Corporation initial Registered Agent and Registered Office in the

State of Florida are; INITIAL REGISTERED AGENT: INITIAL REGISTERED OFFICE:

NATALIE FLECHA DE LA CRUZ 15604 N.W.-37 AVENUE OPALOCKA-FLA-33054

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EMPIRE CORPORATE KIT

ZZ:LI 000Z-LI-XUW

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Having been named Initial Registered Agent to accept service of pocess of the Corporation at the Initial Registered Office designated in these Articles of Incorporation, I hereby accept such and consent to act in this capacity and agree to comply with all the requirements of the Law pertaining thereto.

ARTICLE VI

The number of Directors constituting the initial Board of Directors of the Corporation is TWO the number of Directors may be increased or decreased from time to time by the By Laws but shall never be less than one.

ARTICLE VII

The name and addresses of the members of the Board of Directors are:

NAME

ADDRESS

TATALIE PLE

PLECHA DE LA CRUZ

15604 N.W.-37 TH. AVENUE OPALOCKA FLORIDA_33054

YOVANNI ESPINOSA

15601 N.W.-37TH. AVENUE OPALOCKA-FLORIDA-33054

Not

ARTICLE VIII

The name and address of the Incorporators executing these Articles of Incorporation are:

NAME

<u>ADDRESS</u>

Copies Cura

NATALIE FLECHA DE LA CRUZ

15604 N.W-37TH. AVENUE OPALOCKA-FLORIDA-33054

YOVANNI ESPINOSA

15604 N.W.-37 TH. AVENU OPALOGREA FLORIDA-33054

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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STATE OF FLORIDA) SS

ACKNOWLEDGMENT

COUNTY OF DADE)

Before a Notary Public authorized to take acknowledgments in the State of Florida and County of Dade, set forth above, personally apeared: NATALIE FLECHA DE LA CRUZ AND YOVANNI ESPINOSA, known to me and by me to be the persons who executed the foregoing Articles of Incorporation, and they acknowledged before me that they executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have set hereunto my hand seal affixed, in the State of Florida, County of Dade, this

CELESTIND RODRIGUEZ
COMMISSION # CC 564441
EXPIRES AUG 16, 2000
BONDED THRU
ATLANTIC BONDING CO., INC.

Notary Public

State of Florida at Large

My Commission Expires:

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