

PO0000056549
TRANSMITTAL LETTER

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

700003275967--5--

-06/05/00--01023--001

SUBJECT: _____

(Proposed corporate name - must include suffix)

*****78.75 *****78.75

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

305-444-5955

FROM:

M. L. RIVERO & ASSOCIATES, INC.
1313 PONCE DE LEON BLVD., SUITE 300
CORAL GABLES, FL 33134
PH (305) 443-8500

City, State & Zip

Daytime Telephone number

FILED
00 JUN -5 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FL 32314

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

6-13
WC

ARTICLES OF INCORPORATION
OF
INTERSPEC TESTING, INC.

FILED
00 JUN -5 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FL 32399

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of this corporation shall be:

INTERSPEC TESTING, INC.

ARTICLE II PRINCIPAL OFFICE

The principle place of business and mailing address of this corporation shall be:

**1313 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33134**

ARTICLE III CAPITAL STOCK

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

750 AT \$10.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

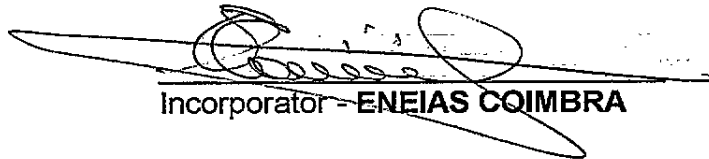
**ENEIAS COIMBRA
1313 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33134**

ARTICLE V INCORPORATOR(S)

the name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

ENEIAS COIMBRA
1313 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33134

The undersigned has (have) executed these Articles of Incorporation this 14TH day of MAY, 2000.


Incorporator - **ENEIAS COIMBRA**

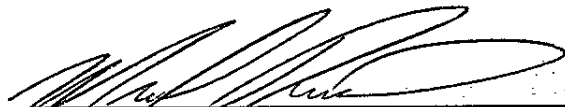
Incorporator -

STATE OF FLORIDA

COUNTY OF DADE

I HEREBY CERTIFY that on this day, before me, an officer duly authorized in the State aforesaid and in the County aforesaid, to take acknowledgments, personally appeared **ENEIAS COIMBRA**, to me known to be the person described in and who executed the foregoing instrument or who have produced **DRIVER'S LICENSE** as identification and who did take an oath and acknowledged before me that they executed the same.

WITNESS my hand and official seal in the County and State last aforesaid the 14TH day of MAY, 2000.


NOTARY PUBLIC, State of Florida at large
MANUEL RIVERO
NOTARY PUBLIC STATE OF FLORIDA
COMMISSION NO. CC555240
(Print Name) MY COMMISSION EXP. MAY 15, 2000
My Commission Expires:

FILED
00 JUN -5 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FL 32399

**CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE**

Pursuant to the provisions of Section 607.325, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating registered office/registered agent in the State of Florida.

1. The name of the corporation is:

INTERSPEC TESTING, INC.

2. The name and address of the registered agent and office is:

**ENEIAS COIMBRA
1313 PONCE DE LEON BLVD. #300
CORAL GABLES, FL 33134**


Resident Agent - **ENEIAS COIMBRA**

Date: MAY 14TH, 2000

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.


Resident Agent - **ENEIAS COIMBRA**