

January 15, 2001

PO1000012643

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

Dear Division of Corporations:

Enclosed please find Articles of Incorporation for "EURO-AMERIC BIOLOGICAL, INC." along with a check in the amount of \$70.00 for filing fee and designation of registered agent. Also enclosed is a photocopy of the articles. Please return these to me with the filing date stamped on it.

900003575569--4  
-01/25/01--01106--010  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

Sincerely,

KELLY MALDONADO, DVM  
P.O. BOX 260444  
TAMPA, FL 33685-0444

FILED  
01 FEB -2 PM 3:06  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

W01-2023  
gy1/26

✓



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

January 26, 2001

KELLY MALDONADO, DVM  
P.O. BOX 260444  
TAMPA, FL 33685-0444

SUBJECT: EURO-AMERIC BIOLOGICAL, INC.  
Ref. Number: W01000002023

We have received your document for EURO-AMERIC BIOLOGICAL, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must have a Florida street address. A post office box, personal mail box (PMB), or mail drop-box address is not acceptable.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6878.

Alan Crum  
Document Specialist

Letter Number: 101A00004502

**ARTICLES OF INCORPORATION OF  
EURO-AMERIC BIOLOGICAL, INC.**

I, the undersigned incorporator of this corporation under chapter 607, Florida statute as amended, do hereby associate myself to form a corporation and adopt the following articles of incorporation.

**ARTICLE 1 NAME**

The name of this corporation shall be: EURO-AMERIC BIOLOGICAL, INC.

The principal place of business of this corporation shall be:

P.O. BOX 260444  
TAMPA, FL 33685-0444

**ARTICLE II**

**PURPOSE AND NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United States, the State of Florida, or any other state.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 1000 shares, par \$1.00.

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

**ARTICLE V OFFICERS DIRECTORS**

KELLY MALDONADO, DVM  
P.O. BOX 260444  
TAMPA, FL 33685-0444

**FILED**  
01 FEB -2 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The name and street address of the incorporators to these articles of incorporation are:

KELLY MALDONADO, DVM  
P.O. BOX 260444  
TAMPA, FL 33685-0444

In witness whereof, the undersigned incorporators have executed these Articles of Incorporation this 23 day of JANUARY 19 2001.

Signature of Incorporators

Kelly Maldonado

State of  
County of

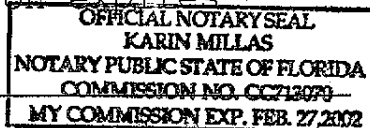
Florida  
Hillsborough

The foregoing instrument was acknowledged and sworn before me this 20th of January, 19 2001 by KELLY MALDONADO, DVM OF EURO-AMERIC BIOLOGICAL, INC.

Notary Public

Karin Millas

My commission expires



SEAL: Article of Incorporation fee: \$35.00

**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 THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.**

**1. THE NAME OF THE CORPORATION IS:**

**EURO-AMERIC BIOLOGICAL, INC.**

**2. THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:**

**KELLY MALDONADO, DVM  
10207 FEATHER CT.  
TAMPA, FL 33615**

**SIGNATURE**

*Kelly Maldonado*

**CORPORATE OFFICER**

**TITLE**

*Kelly Maldonado, DVM*  
**PRESIDENT**

**DATE**

*01/31/01*

**HAVING BEEN NAMED TO ACCEPT SERVICES 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.**

**SIGNATURE**

**DATE**

**REGISTERED AGENT FILING FEE: \$35.00**

**FILED**  
01 FEB - 2 PM 3:07  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA