

TRANSMITTAL LETTER

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

FILED
01 MAR 29 AM 11:52
TALLAHASSEE, FL 32314
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-03/29/01--01068--004
*****87.50 *****87.50

SUBJECT: Phleblinc, 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: Beryl Miller
Name (Printed or typed)

413 Blue Jacket Ln
Address

Orlando FL 32825
City, State & Zip

407- 380 7687 or 407 273-3352
Daytime Telephone number

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

T. Burch APR 3 2001

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

Phleblinc Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

413 Blue Jacket Ln
Orlando FL 32825

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Phlebotomy Service To nursing
homes & homes and doctors offices.

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ \$1 per share
Beryl Miller 25 shares
Juliet Gray 25 shares
Nova Miller 25 shares
Dervent Gray 25 shares

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Beryl Miller (President)
Nova Miller (Vice President, Treasurer)
Juliet Gray (Secretary)
Dervent Gray

ARTICLE VI REGISTERED AGENT

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

Beryl Miller (President)
413 Blue Jacket Ln.
Orl. FL 32825

ARTICLE VII INCORPORATOR

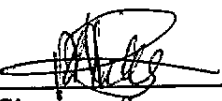
The name and address of the Incorporator is:

Nova Miller (Vice President)
4829 Judy Ann Ct.
Orl. FL 32808

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

Beryl Miller
Signature/Registered Agent

03-26-01
Date


Signature/Incorporator

3-26-01
Date

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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