

TRANSMITTAL LETTER

PB1000104473

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

000004656420--9
-10/29/01--01032--022
*****87.50 *****87.50

SUBJECT: Mobile Lablinc, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Shenequa Grant
Name (Printed or typed)

7007 Hershey Wy.
Address

Orlando FL 32822
City, State & Zip

(407) 970-8373
Daytime Telephone number

SECRETARY OF STATE
TALLAHASSEE FLORIDA

01 OCT 29 PM 3:51

FILED

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

10/29

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:

Mobile Labline, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7007 Hershey Wy.
Orlando Florida 32822

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Blood collection

ARTICLE IV SHARES

The number of shares of stock is:

100 shares @ 1.00 per share
Juliet Gray 33 1/3 Shenegua Grant 33 1/3 Derwent Gray 33 1/3

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Shenegua Grant, President
Derwent Gray, Vice President
Juliet Gray, Sec/Tres.

ARTICLE VI REGISTERED AGENT

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

Shenegua Grant
7007 Hershey Wy
Orlando Florida 32822

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Shenegua Grant
7007 Hershey Wy
Orlando Florida 32822

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

Date

Signature/Incorporator

Date

FILED
OCT 29 PM 3:51
TALLAHASSEE, FLORIDA
SECRETARY OF STATE