

OFFICE USE ONLY (DOCUMENT #)

**LAZARUS CORPORATE FILING SERVICE**

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MIAMI, FLORIDA (305)552-5973

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

100004670641--1

-11/07/01--01039--007

\*\*\*\*\*78.75 \*\*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. LABMEDICS CORP.

(Corporation Name)

(Document #)

2.

(Corporation Name)

(Document #)

3.

(Corporation Name)

(Document #)

4.

(Corporation Name)

(Document #)

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☐ Certificate of Status

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

**ARTICLES OF INCORPORATION**

**OF**

**LABMEDICS CORP.**

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.

**FILED**  
01 NOV -7 PM 1:02  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

**LABMEDICS CORP.**

**ARTICLE II PRINCIPAL OFFICE**

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

**8279 N.W. 64 ST.  
MIAMI, FL 33166-2741**

**ARTICLE III CAPITAL STOCK**

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

**500 SHARES**

**ARTICLE IV**  
**INITIAL REGISTER AGENT AND ADDRESS**

The name and address of the initial registered agent is:

**WILLIAM R. GONZALEZ  
8279 N.W. 64 ST.  
MIAMI, FL 33166**

**ARTICLE V INCORPORATOR(S)**

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

**JULIO C. GONZALEZ**  
**8279 N.W. 64 ST**  
**MIAMI, FL 33166**

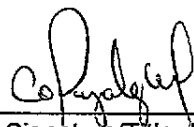
**PRESIDENT**

**WILLIAM R. GONZALEZ**  
**8279 N.W. 64 ST.**  
**MIAMI, FL 33166**

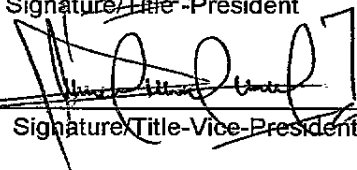
**VICE-PRESIDENT**

The undersigned has(have) executed these Articles of incorporation this

6 day of NOVEMBER 2001



\_\_\_\_\_  
Signature/Title - President



\_\_\_\_\_  
Signature/Title - Vice-President

\_\_\_\_\_  
Signature/Title

**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: \_\_\_\_\_

**LABMEDICS CORP.**

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

**WILLIAM R GONZALEZ**

\_\_\_\_\_  
(P.O. BOX NOT ACCEPTABLE)

**8279 N.W. 64 ST. MIAMI, FL 33166**

\_\_\_\_\_  
(CITY/STATE/ZIP)

SIGNATURE \_\_\_\_\_

(corporate officer)

TITLE - Vice- President

DATE 11/05/2001

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.

SIGNATURE \_\_\_\_\_

DATE 11/06/2001

REGISTERED AGENT FILING FEE: \$ 20.00

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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FILED