

P02000030285

TRANSMITTAL LETTER

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

400005099084--1  
-03/13/02--01030--005  
\*\*\*\*\*70.00 \*\*\*\*\*70.00

SUBJECT: Biotabia, 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: Denis Mahic  
Name (Printed or typed)  
1706 Art Museum Drive Ste B-2  
Address  
Jacksonville, fl 32207  
City, State & Zip  
904-476-6540  
Daytime Telephone number

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
02 MAR 13 AM 9:51

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

3-20-02  
we

# 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:

Biotabia, Inc.  
1706 Art Museum Drive Ste B-2  
Jacksonville, fl 32207

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1706 Art Museum Drive Ste B-2  
Jacksonville, fl 32207

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Carpentry Business

## ARTICLE IV SHARES

The number of shares of stock is:

500

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Denis Mahic - President - 1706 Art Museum Drive Ste B-2  
Jacksonville, fl 32207

## ARTICLE VI REGISTERED AGENT

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

Denis Mahic - 1706 Art Museum Drive Ste B-2  
Jacksonville, fl 32207

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Denis Mahic - 1706 Art Museum Drive, Jacksonville, fl 32207

\*\*\*\*\*  
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

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