P05000066881

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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2005 MAY -4 AM 9:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

5/9/05

TRANSMITTAL LETTER

2005 MAY -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

SUBJECT: Clinical Laboratory Supplies, 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: Cynthia L. Johnston
Name (Printed or typed)

790 International Parkway
Address

Sunrise, FL 33325
City, State & Zip

954 871-9649 or 305 450-2416
Daytime Telephone number

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

ARTICLES OF INCORPORATION

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

2005 MAY -4 AM 9:20

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I NAME

The name of the corporation shall be:

Clinical Laboratory Supplies, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

790 International Parkway
Sunrise, FL 33325

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Sale of laboratory supplies to clinical laboratories

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Cynthia L. Johnston President
790 International Parkway
Sunrise, FL 33325

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box **NOT** acceptable) of the registered agent is:

Cynthia L. Johnston (President)
790 International Parkway
Sunrise, FL 33325

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Cynthia L. Johnston
790 International Parkway
Sunrise, FL 33325

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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: 5/2/05

Signature/Incorporator — Date: 5/2/05