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Certified Copies	_ Certificates	of Status
Special Instructions to I	Filing Officer.	

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SECRETARY OF CO. 03

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TRANSMITTAL LETTER

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

SUBJECT: Wellspring Clinical Lab, Inc.

Enclosed are an original and two (2) copies of the Articles of Incorporation and a check for \$87.50 for 1) Filing fee, 2) Certified copy and 3) Certificate of status

Please return all copies and/or correspondence to the following:

Calvin W. Wiese 185 Springwood Trail Altamonte Springs, FL 3214

(407) 810-3944 (daytime phone number)

ARTICLES OF INCORPORATION FOR





FIRST: The undersigned

NAME

ADDRESS

Calvin W. Wiese

185 Springwood Trail, Altamonte Springs, FL 32714

being at least eighteen years of age, do(es) hereby form a corporation under the laws of the State of Florida.

SECOND: The name of the corporation is: WELLSPRING CLINICAL LAB, INC.

THIRD: The purpose of the corporation is to engage in any lawful act or activity for which a corporation may be organized under the laws and statutes of the State of Florida.

FOURTH: The duration of the corporation is: PERPETUAL.

FIFTH: The street address of the principal office of the corporation in Florida is: 185 Springwood Trail, Altamonte Springs, FL 32714 located in the county of Seminole.

SIXTH: The name of the registered agent of the corporation in Florida is: Calvin W. Wiese whose address is 185 Springwood Trail, Altamonte Springs, FL 32714.

SEVENTH: The corporation has authority to issue only one class of shares of stock. The corporation has authority to issue 100,000 shares common stock at \$.001 par value per share.

EIGHTH: Indemnification of Officers, Directors, Employees and Agents: The corporation shall indemnify any person who incurs expenses or liabilities by reason of the fact he or she is or was an officer, director, employee or agent of the corporation or is or was serving at the request of the corporation as a director, officer, employee or agent of another corporation, partnership, joint venture, trust or other enterprise. This indemnification shall be mandatory in all circumstances in which indemnification is permitted by the laws or statutes of Florida.

NINTH: Limitation of Liability: To the fullest extent permitted by the laws or statutes of Florida, as the same exists or may hereafter be amended, a director of the corporation shall not be liable to the corporation or its stockholders for monetary damages for any action taken or any failure to take any action as a director. No repeal, amendment or modification of this article, whether direct or indirect, shall eliminate or reduce its effect with respect to any act or omission of a director of the corporation occurring prior to such repeal, amendment or modification.

IN WITNESS WHEREOF, I have signed these articles and acknowledge the same to be my act on this the Eighth day of September, A.D. 2006.

SIGNATURE(S) OF INCORPORATOR(S):

Signed:	Calvi	W.	Wiese	
Printed:	Calvin	W.	Wiese	

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 OF REGISTERED AGENT:	Calri	W. (Win	
PRINTED NAME OF REGISTERED AGENT:				

FILED