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(Re	equestor's Name)			
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☐ PICK-UP	WAIT	MAIL		
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(Do	ocument Number)			
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## COVER LETTER

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

SUBJECT:	LOM CO (PROPOSED CORPORAT	RP. Ename- <u>must inclu</u>	DE SUFFIX)	
Enclosed are an orig \$70.00 Filing Fee	ginal and one (1) copy of the artic \$78.75 Filing Fee	☐ \$78.75 Filing Fee	\$87.50 Filing Fee,	
	& Certificate of Status	& Certified Copy  ADDITIONAL COI	Certified Copy & Certificate of Status PY REQUIRED	
FROM:	JOANNE H.			05 NOV 2- 40N 80
	9464 CA LAKE W	ORTH, FL	33467	ED MIII: 25
	561-35 Daytime To	57-3222		, and the second

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)
The name of the corporation shall be:
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:  9464 CASERTA ST  LAKE WORTH, FL. 33467.  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:  LABORATORY SERVICES
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS  List name(s), address(es) and specific title(s):  JOANNE H. KUPRATIS - PRESIDENT YOWNER  9464 CASERTA ST  LAKE WORTH, FL 33467.
ARTICLE VI REGISTERED AGENT
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
JOANNE H. KUPRATIS  9464 CASERTA ST  LAKE WORTH, FL 33467.  ARTICLE VII INCORPORATOR  The name and address of the Incorporator is:  JOANNE H. KUPRATIS  9464 CASERTA ST
LAKE WORTH, FL 33467.
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  Signature/Incorporator  Signature/Incorporator