## P0000139848

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## **COVER LETTER**

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

MENSION LAB	ORATORIES	, INC.
(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
ginal and one (1) copy of the art	icles of incorporation and	a check for:
\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status  PPY REQUIRED
JEFFREY N	(OOK	
1727 CHRIST	OPHER LA	V.
MAUMER, OH	43537 State & Zip	
	inal and one (1) copy of the art  \$\times \frac{\times 78.75}{\times \times \times \text{Certificate of Status}}  \$\text{JEFFREY Normal Name} \text{Name} \text{NAUNEE} \text{OH City}  \$\text{VI9 - \$93-3}	& Certificate of Status & Certified Copy

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)	
ARTICLE I · NAME	
The name of the corporation shall be:	
DIMENSION LABORATORIES, INC.	
ARTICLE II PRINCIPAL OFFICE  The principal place of business/mailing address is:	
13-18- DUCONT + 1815 - 14000 - FL 22	626
1727 CHRISTOCHET LN, MAUNTE, OH 43537  ARTICLE III PURPOSE  The purpose for which the corporation is organized is:	
• •	
RESTEAR (H AND DEVELOPMENT OF NEW TECH	NOLOGIES
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):	
JEFFREY N COOK, PRESIDENT	o 🖁 -
HEIDI BISBEE, SECRETARY	<b>6</b> /\sic
DONALO SWITLICK, TREASURER	
ARTICLE VI REGISTERED AGENT	<b>⇔</b> %≲
The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:	
DENNIS COOK	RATA!
12718 DUPONT CIRCLE, TAMPA, FL 33626	DHS FEE
ARTICLE VII INCORPORATOR	
The name and address of the Incorporator is:	
JEFFREY N. COOK, 1727 CHRISTOPHEN LN., M	AUNTE
OH10 43537	
本本来表示专业本来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来来	
Having been named as registered agent to accept service of process for the above stated corporation at the pla certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity	ce aesignaeu (n mis
10-31-	८००८
Signature/Registered Agent Date	
/0 - 25- // Signature/Incorporator Date	06
Signature/Incorporator Date	

Signature/Incorporator

JEFFREY N. (OUK