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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

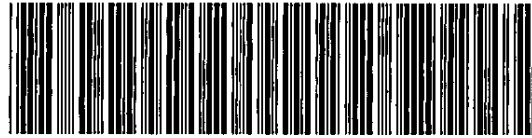
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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05/23/07--01034--012 **87.50

FILED
2007 MAY 23 PM 2:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C.F. 5-24

COVER LETTER

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

SUBJECT: All Pro Drug Testing, Inc.

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

_____ \$87.50 Filing Fee, Certified Copy & Certificate of Status

FROM:

Cathie Pedersen

Name

1254 Timber Run

Address

Havana, FL 32333

City, State & Zip

850-539-7845

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)

ARTICLE I NAME

The name of the corporation shall be:

All Pro Drug Testing, Inc.

ARTICLE II PRINCIPAL OFFICE

1259 Timber Run, Havana, FL 32333

ARTICLE III PURPOSE

The purpose for which the corporation is organized is to be a collection site for various drug testing companies.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Cathie Pedersen, 1259 Timber Run, Havana, FL 32333, P & S
Shirley R. Williams, 1248 Timber Run, Havana, FL 32333, VP & T

ARTICLE VI REGISTERED AGENT

Cathie Pedersen, 1259 Timber Run, Havana, FL 32333

ARTICLE VII INCORPORATOR

Shirley R. Williams, 1248 Timber Run, Havana, FL 32333

.....
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 the acceptance and appointment as registered agent and agree to act in this capacity.



Signature/Registered Agent

5/21/07

Date



Signature/Incorporator

5/21/07

Date

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TALLAHASSEE, FLORIDA