

007000/23296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

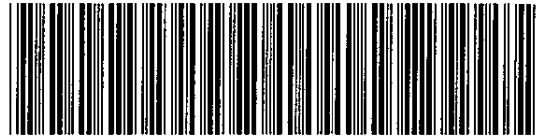
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1114
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COVER LETTER

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

SUBJECT: MOBILELAB, Co.
(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: MOBILELAB, Co.
Name (Printed or typed)

7121 Bonito Street
Address

Tampa, FL 33617
City, State & Zip

(813) 985-0247
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:

MOBILE LAB, Co.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

7121 Bonito Street
Tampa, FL 33617

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Lab testing / Forensic Services / Background Services

ARTICLE IV SHARES

The number of shares of stock is:

40 Shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Eleanor Armand
2301 E Sligh Ave #39
Tampa, FL 33610

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Eleanor Armand
2301 E Sligh Ave #39
Tampa, FL 33610

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

11/7/07
Date

11/7/07
Date