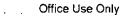


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(Requestor's Name)				
(Address)				
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, , ,				
´(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
(2004)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				





11/19/07--01063--001 **87.50

COVER LETTER

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

07 NOV 19 AM 9:05

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

SUBJECT: BioMatrix Clinical Services, Inc.

(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	□ \$78.75	\$78.75	₩ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
J	& Certificate of Status	& Certified Copy	Certified Copy	
		····································	& Certificate of	
			Status	
		ADDITIONAL COPY REQUIRED		
		ADDITIONALCO		
EDOM: Ja	ison Rybinski			
TROM. 33		e (Printed or typed)		
		· (
	4000 M4 HC Hom. 0	0		
•	4200 West US-Hwy 9			
		Address		
	Frostproof, Florida 338	343		
•		, State & Zip		
		,		
	962 622 0070			
-	863-632-0079			
	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:

BioMatrix Clinical Services, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 4200 West US Hwy 98 Frostproof, Florida 33843

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: clinical services

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jason Rybinski

4200 West US Hwy 98 Frostproof, Florida 33843 SECRETARY OF STATE DIVISION OF CORPORATIONS

07 NOV 19 AM 9: 05

ARTICLE VI REGISTERED AGENT

The <u>name and Florida street address</u> (P.O. Box **NOT** acceptable) of the registered agent is: Jason Rybinski 4200 West US Hwy 98 Frostproof, Florida 33843

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is: Jason Rybinski 4200 West US Hwy 98 Frostproof, Florida 33843

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

Date

Date

07 NOV 19 AM 9: 05