

P08000091940

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Brett **SAVE**
AUTHORIZATION BY PHONE TO
CORRECT #5 remove date
DATE *10/10/08*
DOC. EXAM.

Office Use Only



400136564224

10/09/08--01036--005 **105.00

FILED
08 OCT -9 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA

OCT 10 2008

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mission Specific Laboratories, Inc.
(Name of Resulting Florida Profit Corporation)

The enclosed Certificate of Conversion, Articles of Incorporation, and fees are submitted to convert an "Other Business Entity" into a "Florida Profit Corporation" in accordance with s. 607.1115, F.S.

Please return all correspondence concerning this matter to:

Brett Russo
(Contact Person)

Mission Specific Laboratories
(Firm/Company)

7303 NW 123 AVE
(Address)

Parkland, Florida 33076
(City, State and Zip Code)

For further information concerning this matter, please call:

Brett Russo at (954) 547-4134
(Name of Contact Person) (Area Code and Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|---|---|--|
| <input checked="" type="checkbox"/> \$105.00 Filing Fees | <input type="checkbox"/> \$113.75 Filing Fees and Certificate of Status | <input type="checkbox"/> \$113.75 Filing Fees and Certified Copy | <input type="checkbox"/> \$122.50 Filing Fees, Certified Copy, and Certificate of Status |
|--|---|---|--|

STREET ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

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08 OCT -9 PM 12: 29

SECRETARY OF STATE
TALLAHASSEE FLORIDA

Certificate of Conversion
For
"Other Business Entity"
Into
Florida Profit Corporation

This Certificate of Conversion **and attached Articles of Incorporation** are submitted to convert the following **"Other Business Entity"** into a Florida Profit Corporation in accordance with s. 607.1115, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:

Mission Specific Laboratories, LLC

LO8-9061

(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a LLC

(Enter entity type. Example: limited liability company, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.)

first organized, formed or incorporated under the laws of FLORIDA

(Enter state, or if a non-U.S. entity, the name of the country)

on 1/23/2008

(Enter date "Other Business Entity" was first organized, formed or incorporated)

3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:

4. The name of the Florida Profit Corporation as set forth in the **attached Articles of Incorporation:**

Mission Specific Laboratories, Inc.

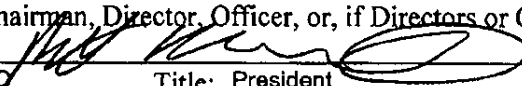
(Enter Name of Florida Profit Corporation)

5. If not effective on the date of filing, enter the effective date: _____

(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; **AND** 2) must be the same as the effective date listed in the attached Articles of Incorporation, if an effective date is listed therein.)

Signed this 30 day of September, 20 08.

Required Signature for Florida Profit Corporation:

Signature of Chairman, Vice Chairman, Director, Officer, or, if Directors or Officers have not been selected, an Incorporator: 

Printed Name: BRETT G RUSSO Title: President

Required Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]

Signature: 

Printed Name: MBR/MGR Title: MBR/MGR

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

Signature: _____

Printed Name: _____ Title: _____

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

If Florida Limited Liability Company:

Signature of a Member or Authorized Representative.

All others:

Signature of an authorized person.

Fees:

| | |
|---|-------------------|
| Certificate of Conversion: | \$35.00 |
| Fees for Florida Articles of Incorporation: | \$70.00 |
| Certified Copy: | \$8.75 (Optional) |
| Certificate of Status: | \$8.75 (Optional) |

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:

Mission Specific Laboratories, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Mission Specific Laboratories, Inc.
C/O: DAVILA LAW FIRM, P.A.
175 SW 7TH STREET, SUITE 1602
MIAMI, FLORIDA 33130

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Transaction of any or all lawful business for which corporations may be incorporated under Florida Statutes Section 607 et seq.

ARTICLE IV SHARES

The number of shares of stock is:

2500 Common Stock at One Dollar

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Brett Russo , **P**
C/O: DAVILA LAW FIRM, P.A.
175 SW 7TH STREET, SUITE 1602
MIAMI, FLORIDA 33130

ARTICLE VI REGISTERED AGENT

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

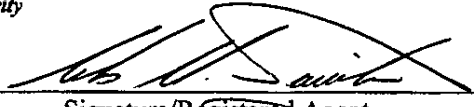
DAVILA LAW FIRM, P.A.
175 SW 7TH STREET, SUITE 1602
MIAMI, FLORIDA 33130


ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

CARLOS DAVILA
DAVILA LAW FIRM, P.A.
175 SW 7TH STREET, SUITE 1602

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

30 Sep 08

Date
30 Sep 08

Date

FILED
08 OCT -9 PM 12:29
SECRETARY OF STATE
TALLAHASSEE FLORIDA