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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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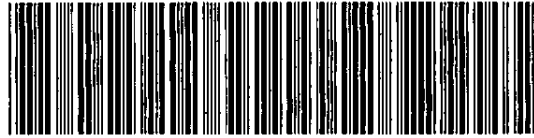
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2009 DEC 31 PM 12:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. Shivers JAN 04 2009

**COVER LETTER**

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

**SUBJECT:** LAB PRO INSPECTIONS INC

Enclosed is an original and one (1) copy of the Certificate of Domestication and a check for:

**FEES:**

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

} \$ 137.50

**OPTIONAL:**

Certificate of Status	\$ 8.75
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LIONEL A BARNABY

Name (printed or typed)

634 MURPHYS ESTATE DRIVE

Address

THE VILLAGES FL 32162

City, State & Zip

352-552-0610

Daytime Telephone Number

LABPROINSPECTIONS@GMAIL.COM

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## CERTIFICATE OF DOMESTICATION

The undersigned, LIONEL A BARNABY PRESIDENT,  
(Name) (Title)

of LAB PRO INSPECTIONS INC a foreign corporation,  
(Corporation Name)

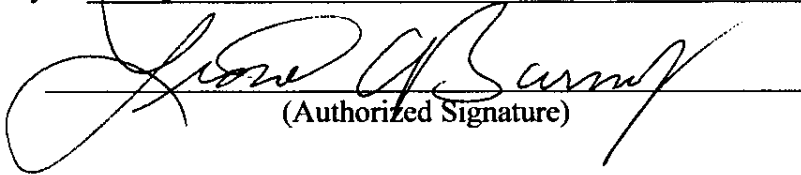
in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was JUNE 20, 1995.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was PENNSYLVANIA (LAB PRODUCTIONS CO., INC)
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was LAB PRO INSPECTIONS INC.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is LAB PRO INSPECTIONS INC.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was 634 MURPHY'S ESTATE DRIVE, THE VILLAGES FL 32162  
Pennsylvania
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am PRESIDENT, of LAB PRO INSPECTIONS INC

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done

so this the 29 day of DECEMBER, 2009.

  
(Authorized Signature)

### Filing Fee:

Certificate of Domestication	\$ 50.00
Articles of Incorporation and Certified Copy	\$ 78.75
Total to domesticate and file	\$128.75

+ 8.75

\$ 137.50

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TALLAHASSEE, FLORIDA

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**ARTICLES OF INCORPORATION**  
IN COMPLIANCE WITH CHAPTER 607, F.S.

**ARTICLE I NAME**

THE NAME OF THE CORPORATION SHALL BE:

LAB PRO INSPECTIONS INC.

**ARTICLE II PRINCIPAL OFFICE**

THE PRINCIPAL PLACE OF BUSINESS/MAILING ADDRESS IS:

634 MURPHYS ESTATE DRIVE  
THE VILLAGES FLORIDA 32162

**ARTICLE III PURPOSE**

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

HOME INSPECTION & ENGINEERING  
(ALREADY APPROVED/REGISTERED TO PROVIDE ENGINEERING  
SERVICES IN FLORIDA)

**ARTICLE IV SHARES**

THE NUMBER OF SHARES OF STOCK IS:

3000

**ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS**

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

LIONEL A BARNABY CHAIRMAN/PRESIDENT 634 MURPHYS ESTATE DR, THE VILLAGES,  
BARBARA A BARNABY SECRETARY SAME AS ABOVE FLORIDA, 32162  
SHARONA SCHANTZ, TREASURER - 2850 APPLE VALLEY ESTATE DR. DREFIELD PA 18069

**ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS**

THE **NAME AND FLORIDA STREET ADDRESS** (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

LIONEL A BARNABY  
634 MURPHYS ESTATE DRIVE  
THE VILLAGES FLORIDA 32162

**ARTICLE VII INCORPORATOR**

THE **NAME AND ADDRESS** OF THE INCORPORATOR IS:

LIONEL A BARNABY  
634 MURPHYS ESTATE DRIVE  
THE VILLAGES FLORIDA 32162

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TALLAHASSEE, FLORIDA

\*\*\*\*\*  
**HAVING BEEN NAMED AS REGISTERED AGENT AND 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

12/29/09  
Date

  
Signature/Incorporator

12/29/09  
Date