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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

4-13-10
mc

COVER LETTER

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

SUBJECT: EAGLES PATHOLOGY LABORATORY CONSULTANTS, 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
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: Maria Torres

Maria T Torres
Name (Printed or typed)

2430 South Hill Avenue

Address

Deland, FL 32724

City, State & Zip

(386) 216-7223

Daytime Telephone number

Mariatorres2@cfl.rr.com

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

NOTE: Please provide the original and one copy of the articles.

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TALLAHASSEE, FLORIDA

ARTICLES OF INCORPORATION

1. The name of the Corporation shall be Eagles Pathology Laboratory Consultants, Inc.
2. The principal place of business and mailing address of the corporation shall be:
2430 South Hill Avenue, DeLand, Volusia County, FL 32724
3. The corporation shall have the authority to issue 10,000 shares of stock.
4. The name and address of the registered agent of the corporation is:

Maria Torres *Maria T Torres*
2430 South Hill Avenue, DeLand, FL 32724
Telephone: (386)216-7223

5. The initial Board of directors shall have one member, whose name and address is as follows:

Maria Torres *Maria T Torres*
2430 South Hill Avenue, DeLand, FL 32724

The number of directors may be raised or lowered by amendment of the bylaws of the corporation but shall in no case be less than one.

6. The incorporator of this corporation is Maria Torres, whose street address is:

2430 South Hill Avenue, DeLand, FL 32724

Dated 04/01/10

Maria T. Torres
Incorporator / *Registered Agent*

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 hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to provide with the provisions of all statutes relating to the proper and complete performance of my duties, and am familiar with and accept the obligations of my position as registered agent.

Dated _____

Registered Agent