

P11000096507

(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:

Office Use Only



800213938578

11/04/11--01019--007 **87.50

FILED
RECEIVED
DIVISION OF CORP. & BUS. REG.
2011 NOV -4 PM 1:22

11/7/11

COVER LETTER

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

SUBJECT: Apex Labs, 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: Greg Nelson

Name (Printed or typed)

6015 Benjamin Road Suite 315

Address

Tampa, FL 33634

City, State & Zip

813 453 2611

Daytime Telephone number

gknelson@earthlink.net

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

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

2011 NOV -4 PM 1:22

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

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: Apex Labs, Inc

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

2011 NOV -4 PM 1:22

ARTICLE II PRINCIPAL OFFICE

Principal street address
6015 Benjamin Road
Suite 315
Tampa, Fl 33634

Mailing address, if different is:

Same

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Clinical Laboratory

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Gregory Nelson, President
Address: 6015 Benjamin Road
Suite 315
Tampa, Fl 33634

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

Name and Title: _____
Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Gregory Nelson
Address: 6015 Benjamin Road Suite 315
Tampa, Fl 33634

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Gregory Nelson
Address: 6015 Benjamin Road Suite 315
Tampa, Fl 33634

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

Required Signature/Registered Agent

10-20-11
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

10-20-11
Date