

P/2000056016

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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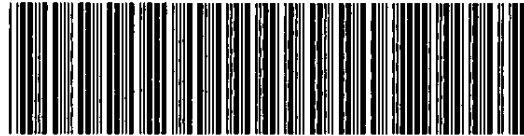
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/20/12--01008--011 **78.75

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12 JUN 20 PM 12:08
STATE OF FLORIDA
TALLAHASSEE, FLORIDA

K 06/21/12

AFFIDAVIT OF RELEASE OF CORPORATE NAME

I hereby certify that Rowell Laboratories, Inc. (P08000088724), 5036 Dr. Phillips Blvd., Suite 140, Orlando, FL 32819 was administratively dissolved during the year 2011, and has no intention of reinstating the administratively dissolved incorporation. We hereby release the name of the corporation Rowell Laboratories, Inc. to allow the name to be used again.


William Rowell, President

6/18/12
Date

FILED
12 JUN 20 PM 12:09
CLERK OF DISTRICT COURT
FALLAHSSEE, FLORIDA

COVER LETTER

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

SUBJECT: Rowell Laboratories, 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: William Rowell

Name (Printed or typed)

5036 Dr. Phillips Blvd., Suite 140

Address

Orlando, FL 32819

City, State & Zip

800-595-0060

Daytime Telephone number

bill@rowellabs.com

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

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: Rowell Laboratories, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
5036 Dr. Phillips Blvd., Suite 140
Orlando, FL 32819

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
Any and all lawful business.

ARTICLE IV SHARES

The number of shares of stock is: 100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: William Rowell, President
Address: 5036 Dr. Phillips Blvd.
Suite 140
Orlando, FL 32819

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: William Rowell
Address: 5036 Dr. Phillips Blvd., Ste 140
Orlando, FL 32819

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: William Rowell
Address: 5036 Dr. Phillips Blvd., Ste 140
Orlando, FL 32819

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

William Rowell

Required Signature/Registered Agent

6/18/12

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.

William Rowell

Required Signature/Incorporator

6/18/12

Date

FILED
12 JUN 20 PM 12:08
STATE
TALLAHASSEE, FLORIDA