Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H130000521103)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973

Fax Number

: (305)220-1440

Enter the amail address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:			

FLORIDA PROFIT/NON PROFIT CORPORATION DADE COMP & REPAIRS CORP

Certificate of Status	
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

Electronic Filing Menu Corporate Filing Menu

Help

Ps 3/1/13

FIEZZ4 P. 002/004 SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAR -6 AM 10: 54

H13000052110

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation Under the Florida Business Corporation Act, Hereby adopt(s) the following Articles of Incorporation.

ARTICLE | NAME

The name of the corporation shall be:

DADE COMP & REPAIRS CORP

ARTICLE II PRINCIPAL OFFICE

Principal place of business and mailing address of this corporation shall be:

9601 SW 39 St. Miami Fl 33165

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized have Outstanding at any one time is: 500 dhares value of \$ 1.00

SECRETARY OF STATE DIVISION OF CORPORATIONS

H13000052110

13 MAR -6 AM 10: 54

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS
The name and addresss of the initial registered agent is:

Javier Alvarado 9601 SW 39 St Miami Fl 33165

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) if incorporator(s) to these Article of incorporation is (are)

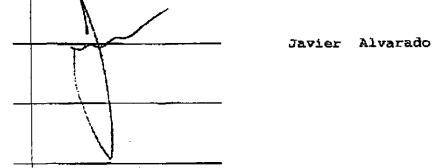
Javier Alvarado 9601 SW 39 St Miami Fl 33165

ARTICLE VI DIRECTORS

The name(s) an the street address(es) of the director(s) these Articles of Incorporation is (are)

Javier Alvarado 9601 SW 39 St Miami Pl 33165

The undersigned incorporator(s) has (have) executed these Articles of Incorporation in __26_ day of ______ february ___. 20__13_



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

13 MAR -6 AM 10: 54

H13000052110

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provision of the sections 697.0501, Florida Statutes, the undersigned corporation, organized under the laws of the States of Florida, Submits the following statement in designating the registered office/ Registered agent, in the State Florida
1. The name of the corporation is:
DADE COMP & REPAIRS CORP
2. The name and address of the registered agent and office is
JAVIER ALVARADO
Name 9601 SW 39 St
P.D.Box not acceptable
City State Zip
Miami F1 33165 HAVING BEEN NAME AS REGUSTERED AGENT AND TO ACCPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATED, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIE CAPACITY I FURTHER AGREE TO COMPLY WHIT THE PROVISIONS OF ALL STATUTES RELATING THE PROPE AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AN ACCEPT THE OBLIGATIONS OF MY POSITION AS REG
26 day of february 20 13

H13060052110