P13000031614

(Requestor's Name)				
(Address)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Dusiness Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				

Office Use Only





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T. Burch APR 8 2018

COVER LETTER

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

SUBJECT: LABS	TRACKER	INC				
(PROPO	OSED CORPORATE NAME - 1	MUST INCLUDE SUFFIX)				
Enclosed are an original and one (1) copy of the articles of incorporation and a check for:						
Filing Fee & Certificate						
	Name (Printed or to					
		E FL 33304				

954 537 56 97

Daytime Telephone number

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

6 VITAVER. COM

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The name of the corporation shall be: LABS	STRACKER, INC.
ARTICLE II PRINCIPAL OFFICE Principal street address	Mailing address, if different is:
777 BAYSHORE DRIVE	
PH6	
FORT LAUDERDALE, FL 3	<u> </u>
ARTICLE III PURPOSE The purpose for which the corporation is organized is	ANY ACTIVITY OR BUSINESS
PERMITED UNDER THE	LAU
	್
	3 A 0
ARTICLE IV SHARES The number of shares of stock is: 100 (0)	ne hundred)
The number of shares of stock is.	. 51
ARTICLE V INITIAL OFFICERS AND/OR	DIRECTORS
Name and Title: PABLO VITA	IER CEO Name and Title:
Address 777 BAYSHORE	DRIVE Address:
P# 6	
FORT LAUDERDA	ALC FIZZZOH
PORT CHO GERE!	101,103301
Name and Title:	Name and Title:
Address	Address:
Name and Title:	Name and Title:
Address	Address:

Name and	ł Title:	Name and Title:		
Address		_ Address: _		·.
ARTICLE VI	REGISTERED AGENT		. •	
	orida street address (P.O. Box NOT acceptable) o PABLO VITALER	of the registered age	nt is:	
Name: Address:	777 BAYSHORE DRIVE	- 2 _		
Address.	PHG FORT LAUDERDALE	_	oγ	* -5 P
ARTICLE VII	INCORPORATOR		,	1988 A. M.
The <u>name and ad</u>	dress of the Incorporator is:			ं ज
Name:	PABLO VITAVER	_		
Address:	777 BAYSHORE DRIV	<u>'</u> E		
	PHG-FORT LANDERDAL	E, FL 333	04	
Having been nam this certificate, I d	ned as registered agent to accept service of proces am familiar with and accept the appointment as re	s for the above stat gistered agent and	ted corporation agree to act in t	at the place designated in his capacity
	1/4			4/2/2/13
	Required Signature/Registered Agent			Date
I submit this doc document to the I	ument and affirm that the facts stated herein are Department of State constitutes a third degree felo	true. I am aware ny as provided for i	that the false in in s.817.155, F.S	formation submitted in a
	M		_	4/2/2013
	Required Signature/Incorporator			Date