

P/3000063875

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

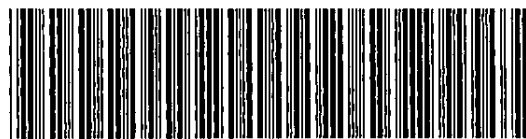
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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13 JUL 30 PM 12:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

05/24/13--01012--010 **78.75

W/3- 31050

R 08/07/13



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 29, 2013

DAVID LAMBERT
3712 SW 27TH ST.
MIAMI, FL 33134

SUBJECT: EXCELAB
Ref. Number: W13000031050

We have received your document for EXCELAB and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name must contain a word that will clearly indicate that it is a corporation. Such words include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Thomas Chang
Regulatory Specialist II
New Filing Section

Letter Number: 413A00013393

RECEIVED
13 JUL 30 AM 11:49
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: **Excelab**

(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 ☒ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☐ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status

ADDITIONAL COPY REQUIRED

FROM: **David Lambert**

Name (Printed or typed)

3712 SW 27th St

Address

Miami, FL 33134

City, State & Zip

786-210-1625

Daytime Telephone number

dalamja@hotmail.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:

Excelab Company

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3712 SW 27th St

Miami, FL 33134

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To purchase and resell medical and lab equipment

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title:

David Lambert, Director

Name and Title:

Address

3712 SW 27th St

Address:

Miami, FL 33134

Name and Title:

Name and Title:

Address

Address:

Name and Title:

Name and Title:

Address

Address:

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TALLAHASSEE, FLORIDA

(cont.)

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: David Lambert
Address: 3712 SW 27th St
Miami, FL 33134

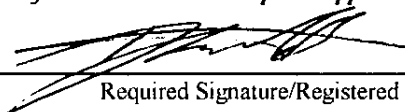
ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: David Lambert
Address: 3712 SW 27th St
Miami, FL 33134

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

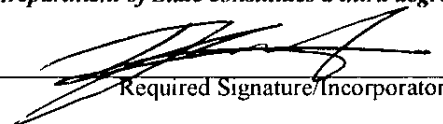


Required Signature/Registered Agent

05/20/2013

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

05/20/2013

Date