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(Requestor's Name)

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☐ PICK-UP

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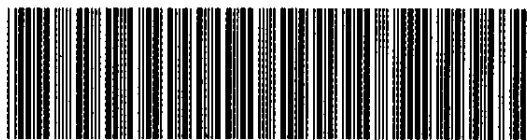
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE

MD 1/29

COVER LETTER

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

SUBJECT: AMERICAN METABOLIC 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

ck No 151

FROM: Dr. E. K. SCHANDL
Name (Printed or typed)

314 E. DANIA BEACH BLVD, STE. 106
Address

DANIA BEACH, FL 33004
City, State & Zip

954-929-2823
Daytime Telephone number

DOCTOR@SCHANDL.COM
E-mail address: (to be used for future annual report notification)
SCHANDL.COM

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: AMERICAN METABOLIC LABORATORIES, INC.

ARTICLE II PRINCIPAL OFFICE Dr. E. K. Schandl

Principal street address

Mailing address, if different is:

314 E. DANIA BEACH BLVD

Suite 106

DANIA BEACH, FL 33004

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ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE EXPERT HEALTH SERVICES for the
people of Florida and the Nation

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Dr. E. K. Schandl Name and Title: PRESIDENT

Address: 314 E. Dania Beach Blvd Address: Dania, FL 33004

Name and Title: L. M. NEEDHAM Name and Title: VP/SECRETARY

Address: 314 E. Dania Beach Blvd Address: Dania, FL 33004

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

(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: Dr. E. K. Schandl
Address: 1818 Sheridan St. Ste 102
Hollywood, FL 33020

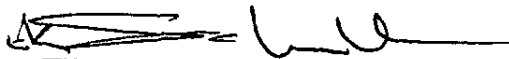
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DEPARTMENT OF STATE
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TALLAHASSEE, FLORIDA

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Dr. E. K. Schandl
Address: 1818 Sheridan St., Ste 102
Hollywood, FL 33020

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

1.17.2014

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

1.17.2014

Date