

P/500012036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

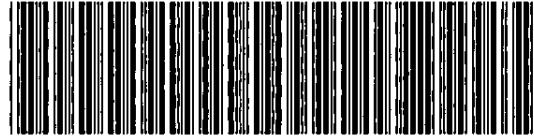
(Document Number)

Certified Copies

Certificates of Status

Special Instructions to Filing Officer:

Office Use Only



900268542749

01/27/15--01045--010 **87.50

FILED
15 JAN 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 5 2015
S. GILBERT

COVER LETTER

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

SUBJECT: Analytical Testing Lab Services, 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: Analytical Testing Lab Services, Inc.
Name (Printed or typed)

355 SW 162 Ave

Address

Pembroke Pines, FL 33027

City, State & Zip

954-675-5681

Daytime Telephone number

tkhurshid@aol.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: Analytical Testing Lab Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

355 SW 162 Ave

Pembroke Pines

FL, 33027

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

Analytical Testing Lab Services will test medical devices and provide analytical test results to clients

ARTICLE IV SHARES 100

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Tariq Khurshid, CEO Name and Title: _____

Address: 355 SW 162 Ave Address: _____

Pembroke Pines _____

FL, 33027 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

FILED
15 JAN 27 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(conti.)

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:

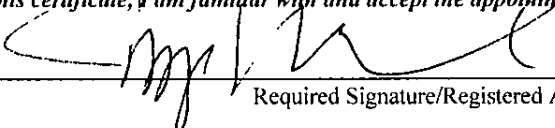
Name: Tariq Khurshid
Address: 355 SW 162 Ave
Pembroke Pines, FL 33027

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: Tariq Khurshid
Address: 355 SW 162 Ave
Pembroke Pines, FL 33027

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

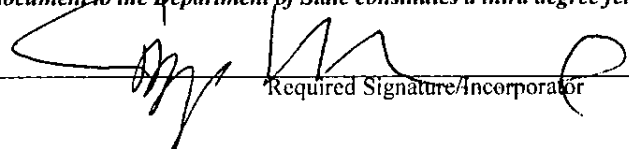


Required Signature/Registered Agent

1/21/2015

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

1/21/2015

Date