

P15000060788

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☐ PICK-UP

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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07/14/15--01015--021 \*\*87.50

15 JUL 14 PM 3:00

7/22

## COVER LETTER

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

SUBJECT: The laboratory Solution 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: Dennis Troxell  
Name (Printed or typed)

P.O. Box 668006  
Address

Pompano Beach Fla 33066  
City, State & Zip

954 709 6291  
Daytime Telephone number

DTroxell15@gmail.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)

15 JUL 14 PM 3:00

**ARTICLE I NAME**

The name of the corporation shall be: The Laboratory Solution Inc.

**ARTICLE II PRINCIPAL OFFICE**

Principal street address

Mailing address, if different:

478 West Hillbora Blvd  
Deerfield Beach Fl 33441

P.O. Box 668006  
Deerfield Beach Fl 33066

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

For Profit

**ARTICLE IV SHARES**

The number of shares of stock is: 35

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert Reale CFO

Name and Title: \_\_\_\_\_

Address 420 64th ST PH 1

Address: \_\_\_\_\_

BROOKLYN, NY 11220

Name and Title: Dennis Traxell CEO

Name and Title: \_\_\_\_\_

Address 391 SE 11th Street

Address: \_\_\_\_\_

Deerfield Beach Fl  
33066

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address \_\_\_\_\_

Address: \_\_\_\_\_

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: Dennis Tuxell

Address: 391 SE 1HA Street  
Pompano Beach 33060

15 JUL 14 PM 3:00  
RECEIVED

**ARTICLE VII INCORPORATOR**

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

Name: Dennis Tuxell

Address: 391 SE 1HA Street  
Pompano Beach 33060

**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

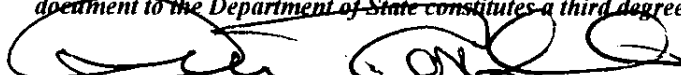


Required Signature/Registered Agent

7-10-15

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

7-10-15

Date