10/27/2033 05:28

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet** 

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Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

: (305)552-5973 Phone Fax Number : (305)675-5944

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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## FLORIDA PROFIT/NON PROFIT CORPORATION NATURAL MED LAB CORP

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$78.75

12/16/2015 10:53:38 AM PAGE 1/002

Fax Server

December 16, 2015

LAZARUS CORPORATE FILING SERVICE, INC.

SUBJECT: NATURAL MED LAB CORP

REF: W15000080607

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The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is P14000082424 (NATURAL MED LAB CORP).

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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Claretha Golden Regulatory Specialist II New Filing Section FAX Aud. #: #15000295747

Letter Number: 515A00026290

12/16/2015 10:53:38 AM PAGE 1/002

Fax Server

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10/27/2033 05:28

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Claretha Golden Regulatory Specialist II New Filing Section

FAX Aud. #: H15000295747 Letter Number: 515A00026290

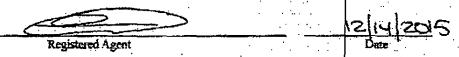
## ARTICLES OF INCORPORATION In compliance with Chapter 607 (Profit)

Effective Octo: 1-1

ARTICLE I NAME: The name of the corporation	is
VOTUTAL MED LAB COT	
ARTICLE II PRINCIPAL OFFICE:	
The principal street address and mailing address is:	
_ 8067 NW 54 <sup>m</sup> 5T	
Doral, FL 33166	
ARTICLE III SHARES: The number of shares of stock is:	100
ARTICLE IV INITIAL DIRECTORS AND/OR OF	CERS:
Letis Manuel Vorano	(P)
	Ž.,
ARTICLE V INITIAL REGISTERED AGENT AND STREET	
The name and Florida street address (PO Box not acceptable) of the r	gistered agent is:
<u>Lexis Hanvel Voyona</u>	
5366 W 68" ST # 122	# 55
Hialeah, FL 33018	55
ARTICLE VI INCORPORATOR: The name and address of the	Incorporator is:
Lexis Manual Varona	
3555 W 684 57. #10	
Highest fl 33018	

## Required Signatures:

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



I sub oit 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.

