

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000136769 3)))



H160001367693ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
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.****

Email Address: _____

RECEIVED

16 JUN -3 PM 4:50

TALLAHASSEE, FLORIDA

**FLORIDA PROFIT/NON PROFIT CORPORATION
INTERLAB CORP.**

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

[Electronic Filing Menu](#)

[Corporate Filing Menu](#)

[Help](#)

JUN - 6 2016

T. BROWN

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

H16000136769

ARTICLE I NAME: The name of the corporation is:Interlab Corp.**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

7121 SW 43 St Miami Fla 33155**ARTICLE III SHARES:** The number of shares of stock is:100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**Claudia Villanueva Lopez (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

The name and Florida street address (PO Box not acceptable) of the registered agent is:

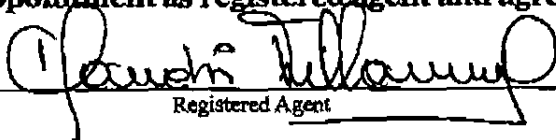
Claudia Villanueva Lopez11981 SW 94 St Miami FLA 33186**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:Claudia Villanueva Lopez119 SW 94 St Miami FLA 33186

H16000136769

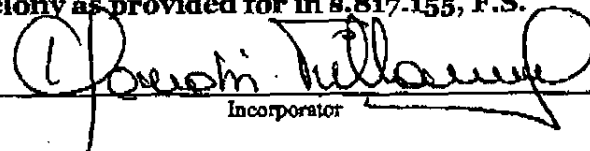
H16000136769

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

 6/3/16
Registered Agent 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.

 6/3/16
Incorporator Date

H16000136769