

P16000070936

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

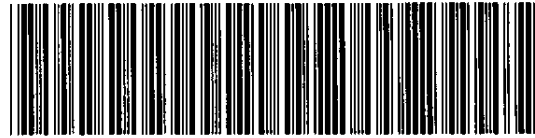
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T. SCOTT



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08/25/16--01005--008 \*\*\$15.00

16 AUG 29 PM 2:15  
STOCKHOLM  
MINNESOTA  
FBI

APPROVED  
FILED



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 26, 2016

EXPRESS CORPORATE FILING SERVICES

SUBJECT: PHLEBO LAB INC  
Ref. Number: W16000059273

106  
Attn: Clarity

We have received your document for PHLEBO LAB INC and your check(s) totaling \$315.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as registered agent in the document and the person signing as registered agent must be the same.

The person designated as incorporator in the document and the person signing as incorporator must be the same.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 816A00018178

Please note this is the officers & incorporator signature. (See ID)

Thank You  
Janet

**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: PHLEBO LAB INC

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
8100 GENEVA COURT

APT: 437

DORAL, FL 33166

Mailing address, if different is:

SAME

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: ANY AND ALL LAWFUL BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is: 100

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

Name and Title: DORYS ESTHER PEREZ POVEDA P/D

Address: 8100 GENEVA COURT

APT : 437

DORAL, FL 33166

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

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

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

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

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

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

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

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

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

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

16 MAR 23 PM 2:15  
SECRETARY  
TAMARA S. POVEDA

APPROVED  
AND  
FILED

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: DORYS ESTHER PEREZ POVEDA  
Address: 8100 GENEVA COURT APT: 437  
DORAL, FL 33166

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

Name: DORYS ESTHER PEREZ POVEDA  
Address: 8100 GENEVA COURT APT: 437  
DORAL, FL 33166

**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*

Dorys Esther Perez Poveda 08/24/16  
Required Signature/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.*

Dorys Esther Perez Poveda 08/24/16  
Required Signature/Incorporator Date