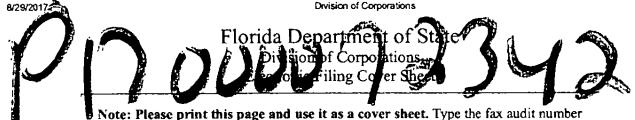
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

(((H170002330123)))



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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : INTERSTATE FILINGS LLC

Account Number : I20110000086 : (718)569-2703 Phone : (718)504-7890 Fax Number

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

Email Address: \_\_\_\_\_contact@interstatefilings.com

## FLORIDA PROFIT/NON PROFIT CORPORATION GARYS LAB. INC.

Certificate of Status	0
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T. SCOTT

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Fm:Interstate Filings LLC To:GARYS LAB. INC. - Cert of Inc (18506176381) (((H17000233012 3)))

## ARTICLES OF INCORPORATION

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

CLE II PRI	NCIPAL OFFICE		
114	Principal street address	Mailing address, if different is	<b>:</b>
36 CLOVE	RDR.	7536 CLOVER DR.	
ORT RICHEY, FL 34668		PORT RICHEY, FL 34668	
ICLE III PUR	POSE the corporation is organized is:  ANY LA	WFUL PURPOSE	
impose to which	to corporation to organization		
TICLE IV SHA	ures stock is:		
number of shares of	stock is: 200  TIAL OFFICERS AND/OR DIRECTORS	Name and Title:	
Name and Titl	stock is: 200		
number of shares of	rtal officers and/or directors IGOR BOBEL, PRESIDENT	Name and Title:	
Name and Titl	rial officers and/or directors IGOR BOBEL, PRESIDENT 7536 CLOVER DR.	Name and Title:	
Name and Titl Address	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:Address:	
Name and Title	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:	- 10 M
Name and Titl Address	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:	
Name and Title	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:	- 10 M
Name and Title	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:	- 10 M
Name and Title  Name and Title  Address	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:  Address:	1000 Page 18 18 18 18 18 18 18 18 18 18 18 18 18
Name and Title  Name and Title  Address	TAL OFFICERS AND/OR DIRECTORS IGOR BOBEL, PRESIDENT 7536 CLOVER DR. PORT RICHEY, FL 34668	Name and Title:  Address:  Name and Title:  Address:  Name and Title:	1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1 (1

(((H17000233012 3)))

(сони)

Name and	Title:	Name and Title:	
Name and	•		
Address		Address:	
		_	
ARTICLE VI	REGISTERED AGENT		
The name and Flo	rida street address (P.O. Box NOT acceptable) o	f the registered agent is:	
Name:	IGOR BOBEL	_	
Address:	7536 CLOVER DR.	_	
	PORT RICHEY, FL 34668		
		••	
ARTICLE VII	INCORPORATOR		
The name and ad	dress of the Incorporator is:		
Name:	IGOR BOBEL	_	
Address:	7536 CLOVER DR.	_	
11341	PORT RICHEY, FL 34668	3	
		_	
Having been nam this certificate, I a	ned as registered agent to accept service of proces on funiligr with and accept the appointment as re	x for the above stated corpora gistered agent and agree to ac	ation at the place designated in it in this capacity
	Man		08-21-17
C	Required Signature/Registered Agent		Date
I submit this document to the l	ument and affirm that the facts stated herein are Department of <u>State</u> constitutes a third degree felo	e true. I am aware that the fu ny as provided for in s.817.15:	lse Information submitted in a 5, F.S.
	77.011		08-21-17
	Required Signature/Incorporator		Date