

PA00000027565

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.

((H20000098691 3)))



H200000986913ABC2

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2020 APR -1 AM 9:33

FILED

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

Email Address: _____

FLORIDA PROFIT/NON PROFIT CORPORATION

USA NATURAL LAB CORP

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

2020 APR -1 PM 4:42

RECEIVED
SECRETARY OF STATE

2020/04/01
Laz

ARTICLES OF INCORPORATION

In compliance with Chapter 607 (Profit)

ARTICLE I NAME: The name of the corporation is:USA NATURAL LAB CORP**ARTICLE II PRINCIPAL OFFICE:**

The principal street address and mailing address is:

13625 NW 102 AVEHialeah Gardens, FL 33018**ARTICLE III SHARES:** The number of shares of stock is: 100**ARTICLE IV INITIAL DIRECTORS AND/OR OFFICERS:**LEXIS M. VARONA (P)**ARTICLE V INITIAL REGISTERED AGENT AND STREET ADDRESS:**

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

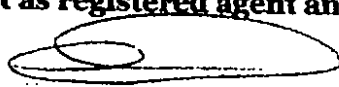
LEXIS M. VARONA13625 NW 102 AVEHIALEAH GARDENS, FL 33018**ARTICLE VI INCORPORATOR:** The name and address of the Incorporator is:LEXIS M. VARONA13625 NW 102 AVEHIALEAH GARDENS, FL 33018SECRETARY OF STATE
TALLAHASSEE, FL 32399

2020 APR -1 AM 9:33

FILED

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



Registered Agent

04/01/20
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.



Incorporator

04/01/20
Date

FILED

2020 APR - 1 AM 9:33

SECRETARY OF STATE
TALLAHASSEE, FLORIDA