

P21 6000 406 97

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK UP

☐

WAIT

☐

MAIL

(Business Entity Name)

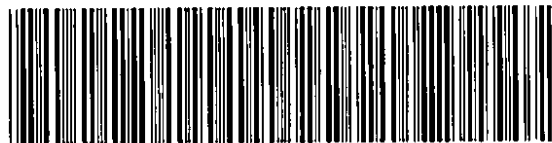
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SECRETARY OF STATE
TALLAHASSEE, FL 32304

STATE OF FLORIDA
TALLAHASSEE, FL 32304

Handwritten signature
5-6-21

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Moreau
mmoreau@incserv.com
850.656.7953

REQUEST DATE 5/5/2021

PRIORITY Regular Approval

OUR REF. # (Order ID#) 914360

ORDER ENTITY

ALL STATE LABORATORY INC.

PLEASE PERFORM THE FOLLOWING SERVICES:

ALL STATE LABORATORY INC. (FL)

Please file the attached articles and provide a certified copy.

NOTES:

\$78.75 Authorized

Email address for annual report reminders: jim@weinbergpc.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

2021 MAY -5 AM 10:55

E.D

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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: ALL STATE LABORATORY INC.

ARTICLE II PRINCIPAL OFFICE

Principal street address

455 NW 35TH STREET

BOCA RATON, FL 33431

Mailing address, if different is:

455 NW 35TH STREET

BOCA RATON, FL 33431

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: 200

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARK ABRAZI, PRES.

Name and Title: _____

Address 455 NW 35TH STREET

Address: _____

BOCA RATON, FL 33431

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: MARK ABRAZI
Address: 455 NW 35TH STREET
BOCA RATON, FL 33431

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LAWRENCE A. KIRSCH
Address: 90 STATE STREET, SUITE 815
ALBANY, NY 12207

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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 days prior or 90 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

Mark Abrazi
Required Signature/Registered Agent

05/04/2021
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.

Lawrence A. Kirsch
Required Signature/Incorporator

05/04/2021
Date