

7/6/22, 11:35 PM

Division of Corporations

Florida Department of State  
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To:

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

From:

Account Name : CORP 911, INC.  
Account Number : I2020000202  
Phone : (818)478-1681  
Fax Number : (818)688-8120

\*\*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  
PACIFIC LABS, INC.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$78.75

T. SCOTT

JUL 08 2022

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TALLAHASSEE, FLORIDA

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**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: PACIFIC LABS, INC.**ARTICLE II PRINCIPAL OFFICE**Principal street address

Mailing address, if different is:

60 S. W. 13TH STREETMIAMI, FL 33130**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

The specific purpose of this Corporation is to engage in an lawful act or  
activity for which a corporation may be organized.

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**ARTICLE IV SHARES**The number of shares of stock is: 100,000**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**Name and Title: Ben Caterinicchio - CEOAddress: 60 S. W. 13TH STREET  
MIAMI, FL 33130Name and Title: Ben Caterinicchio - SecretaryAddress: 60 S. W. 13TH STREET  
MIAMI, FL 33130Name and Title: Ben Caterinicchio - CFOAddress: 60 S. W. 13TH STREET  
MIAMI, FL 33130Name and Title: Ben Caterinicchio - DirectorAddress: 60 S. W. 13TH STREET  
MIAMI, FL 33130

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

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

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

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: C T CORPORATION SYSTEM  
Address: 1200 South Pine Island Rd., #250  
Plantation, FL 33324

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

Name: Rebecca Miller  
Address: 3501 West Burbank Blvd.  
Burbank, CA 91505

**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:*

Nichol McCray Nichol McCray, Assistant Secretary  
Required Signature/Registered Agent

07/05/2022  
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.*

Rebecca Miller  
Required Signature/Incorporator

7/5/2022  
Date

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