

P230000010053

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

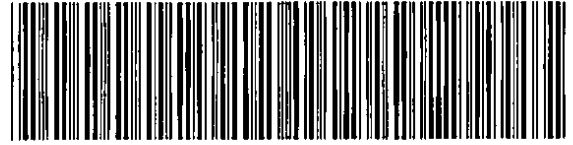
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2023

FEB 10 2023

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

2023 FEB -9 AM 10:01

## COVER LETTER

Department of State  
New Filing Section  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Health Testing Solutions, Inc. EIN: 88-4263987  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00      ☐ \$78.75  
Filing Fee      Filing Fee  
                    & Certificate of Status

☐ \$78.75      ☒ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                                    & Certificate of  
                                    Status

**ADDITIONAL COPY REQUIRED**

FROM: Caleb E. Knotts  
Name (Printed or typed)  
336 N Bromeliad  
Address  
West Palm Beach, FL 33401  
City, State & Zip  
662-255-1234  
Daytime Telephone number  
calebeknotts@gmail.com  
E-mail address: (to be used for future annual report notification)

**NOTE: Please provide the original and one copy of the articles.**

**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: Health Testing Solutions, Inc.

**ARTICLE II PRINCIPAL OFFICE**

EIN: 88-4263987

Principal street address

777 South Flagler Drive, Suite 800, West Tower  
West Palm Beach, FL 33401

Mailing address, if different is:

336 N Bromeliad  
West Palm Beach, FL 33401

**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: 1000

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

Name and Title: Yellowstone Resources LLC

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

Address President

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

336 N Bromeliad

West Palm Beach, FL 33401

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: Yellowstone Resources LLC  
Address: 336 N Bromeliad  
West Palm Beach, FL 33401

**ARTICLE VII INCORPORATOR**

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

Name: Yellowstone Resources LLC  
Address: 336 N Bromeliad  
West Palm Beach, FL 33401

2023 FEB 10 24

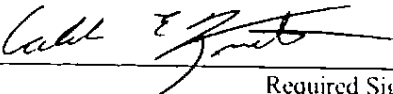
**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: 02/06/2023. (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.)

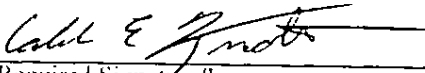
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

*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*

  
Required Signature/Registered Agent

2/08/23  
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.*

  
Required Signature/Incorporator

Date 2/08/23