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| LOCAL REPRESENTATIVE | TALLAHASSEE | OFFICE USE ONLY | |
| (904)385-6735 | | | |
| CORPORATION NAME(S) & | DUCUMENT NUMB | ER(S) (if known); | |
| 1. <u>SKY LAB</u> | DRATORIES | 2 ///.c. | 三三三 |
| / (Corporation Name) 2. | - | (Décument #) | 74 714 |
| (Corporation Name) | | (Document #) | |
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| (Corporation Name) Walk in Pick up time | 2 100 | (Document #) Certified Copy | <u> </u> |
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| NEW FILINGS | AMENDMEN | TIS T | 7 5 9 |
| X Profit | Amendment | | 59 20 |
| NonProfit | Resignation of R.A | ., Officer/Director | 1 |
| Limited Liability | Change of Registered Agent | | <i>!</i> |
| Domestication | Dissolution/Withdrawal | | · |
| Other | Merger | | |
| | | 1 | |
| OTHER FILNGS | REGISTRATION/ QUALIFICATION | | |
| Annual Report | Foreign | | |
| Fictitious Name | Limited Partnership | | |

Reinstatement
Trademark
Other

Examiner's Initials

3-8

Name Reservation

ARTICLES OF INCORPORATION

OF

SKY LABORATORIES, INC.

FILED
1855 MIR -8 FH 3: 00
TALLAHAUSEE, ALORIDA

THE UNDERSIGNED, has executed the following document as incorporator of the above named corporation, a corporation organized under the laws of the State of Florida, and all rights, duties and obligations of the undersigned as incorporator, and those of the corporation, are to be determined in accordance with the laws of the State of Florida.

ARTICLE I

The name of this corporation shall be:

SKY LABORATORIES, /// c

ARTICLE 11

This corporation shall commence existence upon the filing of these Articles of Incorporation by the Department of State, State of Florida, and shall have perpetual existence.

ARTICLE 111

The general nature of the business and objects and purposes proposed to be transacted and carried on by this corporation are to do any and all of the things herein mentioned, as fully and to the same extent as natural persons might do, viz:

- (1) / Transact any and all lawful business.
- (2) Said corporation shall further have powers:
 To have perpetual succession by its corporate name;

ARTICLE 1V

The aggregate number of shares which the corporation shall have authority to issue is the total sum of $_{500}$ shares, having an individual par value of $_{1.00}$

Unless otherwise stated in these articles, or in an amendment to these articles, there shall be only one (1) class of stock of this corporation.

ARTICLE V

The street address of the initial registered office and the name of the initial Resident Agent of this corporation shall be:

Angela Cano 6836 N.W. 77th Court Miami, Fl 33166

The Principal office shall be:

Angela Cano 6836 N. W. 77th Court Miami, Fl 33166

ARTICLE VI

The initial Board of Directors shall consist of a total of one (1) person, and the name and address of the person who is to serve as an initial director is:

PRESIDENT: Angela Cano ; SECRETARY: Angela Cano

ADDRESS : 6836 N.W. 77th Court

Miami, F1 33166

The name and address of the incorporator executing these Articles of Incorporation is:

Angela Cano 6836 N.W. 77th Court Miami, Fl 33166

| of March | , 19 ₂₅ | • |
|---------------------------------|--------------------|---|
| | | |
| angela Car | ₄ ລ | |
| <i>y</i> | | |
| ETATE OF PLONING | | |
| STATE OF FLORIDA COUNTY OF DADE | 5 5. | |
| COUNTY OF DADE |) | |

ledgements in the state and county set forth above, personally appeared known to me and known by me to be the person(s) who executed the foregoing Articles of Incorporation, and he (they) acknowledge before me that he (they) executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the state and county aforesaid, this ______ day of _______, 19___.

NOTARY PUBLIC, STATE OF FLORIDA AT LARGE

My Commission Expires:

CERTIFICATE CIF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

| 1. | The name of the corporation is: SKY LABORATORIES , /// C. |
|----------------------------------|--|
| | |
| 2. 1 | The name and address of the registered agent and office is: |
| _ | Angela Cano . |
| | (NAME) |
| | 6836 N.W. 77th Court |
| • | (P.O. BOX NOT ACCEPTABLE) |
| | Miami, F1 33166 |
| • | (CITY/STATE/ZIP) |
| PRO THIS AND PRO FOR | VING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF CESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN SCENTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THIS VISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PER MANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATION OF MY POSITION AS REGISTERED AGENT. SIGNATURE |
| | |
| | DATE 03-07-95 |