

P95000046848

TRANSMITTAL LETTER

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

SUBJECT: ATLANTIC LABORATORY, INC.
(Proposed corporate name - must include suffix)

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

☒ \$70.00 ☐ \$78.75 ☐ \$122.50 ☐ \$131.25

FROM: TIMOTHY L. ADKINS
Name (printed or typed)

300001510988
-06/12/95--01047--014
*****70.00 *****70.00

599 SHERWOOD AVENUE (#202)
Address

SATELLITE BEACH, FLORIDA 32931
City, State & Zip

407-984-2568
Daytime Telephone number

BMC
6/15/95

FILED
95 JUN 12 PM 4:03
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION
OF

FILED
95 JUN 12 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ATLANTIC LABORATORY, INC.

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

ATLANTIC LABORATORY, INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

599 SHERWOOD AVE (Suite 202)
SATELLITE BEACH, FLORIDA 32937

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

10,000 shares of common (voting) stock.

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

TIMOTHY L. ADKINS
599 SHERWOOD AVE (#202)
SATELLITE BEACH, FL 32937

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

TIMOTHY L. ADKINS
599 SHERWOOD AVENUE (#202)
SATELLITE BEACH, FLORIDA 32937

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

NINTH day of JUNE, 1995.

 (Timothy L. Adkins)
Signature

XX
Signature

XX
Signature

FILED

65 JUN 12 PM 4:03

STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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: ATLANTIC LABORATORY, INC.

2. The name and address of the registered agent and office is:

TIMOTHY L. ADKINS

(Name)

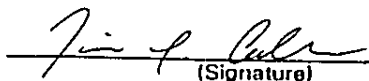
599 SHERWOOD AVENUE (#202)

(P.O. Box not acceptable)

SATELLITE BEACH, FLORIDA 32937

(City/State/Zip)

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.


(Signature)

XXXXXXXXXXXXXXXXXXXXXXXXXXXX