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PUBLIC ACCESS SYSTEM  
((H96000006317)) ELECTRONIC FILING COVER SHEET  
1: DIVISION OF CORPORATIONS FROM: FAS-T CORP. AGENTS, INC.  
DEPARTMENT OF STATE 8405 NW 53RD ST  
STATE OF FLORIDA SUITE C-100  
409 EAST GAINES STREET MIAMI FL 33166-  
TALLAHASSEE, FL 32399 CONTACT: LIDIA FERNANDEZ  
FAX: (904) 922-4000 PHONE: (305) 599-0839  
FAX: (305) 592-9591

((H96000006317)) DOCUMENT TYPE: FLORIDA PROFIT CORPORATION OR P.C.  
NAME: HIALEAH TESTING, INC.  
FAX AUDIT NUMBER: H96000006317 CURRENT STATUS: REQUESTED  
DATE REQUESTED: 05/03/1996 TIME REQUESTED: 14:03:01  
CERTIFIED COPIES: 1 CERTIFICATE OF STATUS: 0  
NUMBER OF PAGES: 3 METHOD OF DELIVERY: FAX  
ESTIMATED CHARGE: \$122.50 ACCOUNT NUMBER: 071001002335

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DIVISION OF CORPORATIONS

**ARTICLE OF INCORPORATION**

**OF**

**HIALEAH TESTING, INC.**

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

**ARTICLE I NAME**

The name of the corporation shall be: HIALEAH TESTING, INC.

The principal place of business of this corporation shall be:  
1490 W. 49 Pl. Suite 390  
Hialeah, Fl. 33012

**ARTICLE II NATURE OF BUSINESS**

This corporation may engage in or transact any or all lawful activities or business permitted under the laws of the United State, the State of Florida, or any other state, country, territory or nation.

**ARTICLE III CAPITAL STOCK**

The aggregate number of shares of stock and its par value that this corporation is authorized to have outstanding at any one time is: 100 x \$ 10.00= \$ 1,000.00

**ARTICLE IV TERM OF EXISTENCE**

This corporation is to exist perpetually.

Prepared by: Basic Accounting Service  
692 W. 29th St. Ste. 09  
Hialeah, Fl 33012  
(305) 887-4185



**CERTIFICATE OF 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: \_\_\_\_\_  
HIALEAH TESTING, INC.

2. The name and address of the registered agent and office is \_\_\_\_\_  
Nelson Rasse  
(Name)

10 SW. 130 Ave.

(P. O. BOX NOT ACCEPTABLE)

Miami, FL 33185

(CITY/STATE/ZIP)

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESI 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 MY POSITION AS REGISTERED AGENT.

SIGNATURE \_\_\_\_\_

5-3-96

DATE \_\_\_\_\_