

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

SUBJECT: LISA LABS of Central Florida Inc. (proposed corporate name)

FROM:

USA LABS of Central Florida Inc. % Linda
Name
315 E. Central Aue. Suite 106-B
Address
Winter Haven FL 33880
City, State, & Zip

(941) 293-0819
Telephone Number

Suite 106-B

M II: 56

Note: Additional copy of articles is needed when certified copy is requested.

ARTICLES OF INCORPORATION

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USA LABS of Central Alfologida Tene

The undersigned incorporator(s), for the purpose of forming a corporation under the Fiorida Business Corporation Act, hereby adopt(s) the following Articles of incorporation.

ARTICLE I NAME

The name of the corporation shall be:

USA LABS OF CENTRAL FLORIDA INC.

ARTICLE IL PRINCIPAL OFFICE

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

315 E. Central Aue. Suite 106-B Winter Haven FL 33550

ARTICLE III CAPITAL STOCK

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

100 (ONE-HUNDRED)

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the initial registered agent is:

LINDA G. TURNER 315 E Central Aue., Suite 106-B Winter Haven FL 33850

ARTICLE V INCORPORATOR(S)

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

USA LABS of Central Florida Inc. Linda G. Turner 315 E. Central Auc, Suite 104-B Winter Haven FL 33880

The undersi	igned has(have) executed these Articles of Incorporation this 17 h day of August 19 96.		
:			
	LINDA TURNERSIgnature/Title	\$1 2 EJ	√
	Signature/Title	•	
	Signature/Title	1	• •

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 607.0501, 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.

e name and address of the registered agent and office is:			
(NAME)			
315 E. Central Aue. Juite 106 mB (P.O. BOX NOT ACCEPTABLE)			
		36	
Winter Haven FL 33880 (CITY/STATE/ZIP)	Sign		71
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	FLOR	無	
SIGNATURE Luice lung		က္သ	
· (corporate officer) Lin	T Nav	ساع	いいて
TITLE Owner			NUIC
DATE Aug. 17, 1996		_	

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.

DATE Aug. 17, 1996