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VALIDATION ONLY

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CORPORATION(S) NAME

Levandowski Lab, Inc.

FILED
95 OCT 30 PM 12:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Empire Toll Free: 1-800-432-3028

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ARTICLES OF INCORPORATION
OF
LEVANDOSKI LAB, 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:

LEVANDOSKI LAB, INC.

ARTICLE II PRINCIPAL OFFICE

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

430 ANSIN BLVD STE G
HALLANDALE, FL 33009

ARTICLE III CAPITAL STOCK

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

500 SHARES @ \$1.00 PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND ADDRESS

The name and address of the registered agent is:

NICK LEVANDOSKI
430 ANSIN BLVD STE G
HALLANDALE, FL 33009

ARTICLE V INCORPORATOR(S)

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

NICK LEVANDOSKI
430 ANSIN BLVD STE G
HALLANDALE, FL 33009

The undersigned has (have) executed these Articles of Incorporation this 17th day OCTOBER, 1996.

Nick Levandoski 10-25-96
SIGNATURE & TITLE DATE
PR

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TALLAHASSEE, FLORIDA

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.

1. The name of the corporation is:

LEVANDOSKI LAB, INC

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

NICK LEVANDOSKI
430 ANSIN BLVD SUITE G
HALLANDALE, FL 33009

SIGNATURE Nick Levandoski
(corporate officer) 10/21/03

TITLE PR

DATE 10/21/03

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE NAMED 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 Nick Levandoski

DATE 10/21/03

REGISTERED AGENT FILING FEE: \$35.00

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA