Pannon Contraction of the Contra

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

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SUBJECT:	Key Laboratory Consultants, 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 Filing Fee

\$78.75

Filing Fee

& Certificate

□\$122.50

\$131.25

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate

ADDITIONAL COPY REQUIRED

FROM:	Donna L. Latif	7 9 P
	Name (Printed or typed)	HAR
	4286 S.W. Jared Street	1 P
	Address	E P 2
	Port St. Lucie, Florida 34953	温 5
	City, State & Zip	5

1-561-336-3203

Daytime Telephone number

MAR 24 1 650

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

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:

KEY LABORATORY CONSULTANTS, Inc.

ARTICLE II PRINCIPAL OFFICE

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

4286 S. W. Jared St. Port St. Lucie, Florida 34953

ARTICLE III SHARES

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

100 shares common stock

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Donna L. Latif 4286 S.W. Jared Street Port St. Lucie, Florida 34953

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

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

Donna L. Latif 4286°S.W. Jared Street Port St. Lucie, F1. 34953

Roma D. Shisler 1973 S.E. Mantua Street Port St. Lucie, F1. 34952

The unde	rsigned in	corporator(s) h	as(have) executed t	these Articles of Inco	rporation this
11	day of _	March	, 199	<u> </u>	
(An addit	ional artic	le must be adde	d if an effective da	te is requested.)	
	-	Don	ma L. Signa Signa Signa	Risler	
	-		Signa	iture	

Notarization is not required

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

CERTIFICATE OF DESIGNATION OF 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 K	EY LABORATORY CON	SULTANTS,	Inc.	O HA
2.	The name and address of the regist	ered agent and office is:			程 理 2
	Donna L.	Latif (NAME)			STATES
		. Jared Street ox or Mail Drop Box <u>NOT</u> A	CCEPTABLE)		
	Port St.	Lucie, F1 349 (City/State/Zip)	53		

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.

Donna L. Lawy 3-11-97
(SIGNATURE) (DATE)