

OFFICE USE ONLY Document #

LAZARUS CORPORATE FILING SERVICE, INC.

(Requester's Name)

3330 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305) 552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

900002414429--8

-01/28/98-01050-010

\*\*\*\*78.75 \*\*\*\*78.75

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. SCIENTIFIC TECHNICAL SERVICES,  
(Corporation Name) (Document #)
2. CORPORATION  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 2:00

☐ Certified Copy

☐ Mail out ☐ Will wait ☐ Photocopy

☒ Certificate of Status

98 JAN 28 PM 1:28  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

NEW FILINGS	
<input checked="" type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF INCORPORATION

### ***SCIENTIFIC TECHNICAL SERVICES, CORPORATION***

*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:

### **SCIENTIFIC TECHNICAL SERVICES, CORPORATION**

#### ARTICLE II PRINCIPAL OFFICE

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

**15532 S.W. 95<sup>th</sup> LANE  
MIAMI, FL 33196**

#### ARTICLE III SHARES

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

**FIVE HUNDRED SHARES AT ONE DOLLAR PER SHARE**

#### ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

**EDUARDO BOVEA  
13118 N.W. 7<sup>th</sup> STREET  
MIAMI, FL 33182**

**ARTICLE V INCORPORATOR(S)**

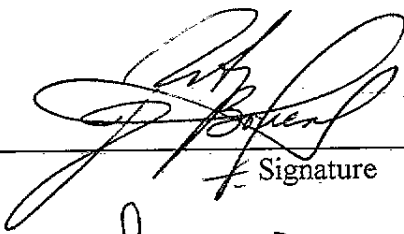
The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

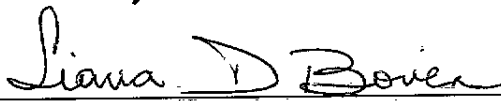
**DARIO BOVEA    PRESIDENT**  
**15532 S.W. 95<sup>TH</sup> LANE**  
**MIAMI, FL 33196**

**LIANA D. BOVEA    V. PRESIDENT**  
**15532 S.W. 95<sup>TH</sup> LANE**  
**MIAMI, FL 33196**

The undersigned incorporator(s) has(have executed these Articles of Incorporation this 27<sup>th</sup> day of January, 1998.

(An additional article must be added if an effective date is requested.)

  
\_\_\_\_\_  
Signature      1/27/98

  
\_\_\_\_\_  
Signature      1-27-98

\_\_\_\_\_  
Signature

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**

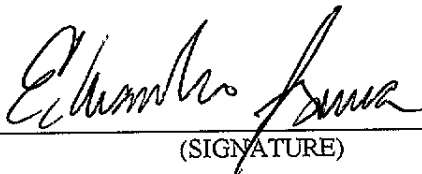
PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: **SCIENTIFIC TECHNICAL SERVICES, CORP.**

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

**EDUARDO BOVEA  
13118 N.W. 7<sup>TH</sup> STREET  
MIAMI, FL 33182**

*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 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)

01-26-1998  
(DATE)

FILED  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA