P99000008703

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

SUBJECT: High Standard Calibration Laboratories INC.

(Proposed corporate name - must include suffix)

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800002754298--6
-01/25/99--01152--024
*****79.00  *****78.75
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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 Filing Fee & Certified Copy
- ☐ $131.25 Filing Fee, Certified Copy & Certificate

ADDITIONAL COPY REQUIRED

FROM: Douglas A. Bischoff
Name (Printed or typed)

20011 Dothan Rd
Address

Miami Fl 33189
City, State & Zip

(305) 255-7405
Daytime Telephone number

CB
1-28-99
2

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

ARTICLES OF INCORPORATION

*The undersigned incorporator, for the purpose of formin   1 corporation under the Florida
Business Corporation Act, hereby adopts the following A   icles of Incorporation.*

ARTICLE I   NAME
The name of the corporation shall be:

High STandard CalibraTion LaborATiories INC.

ARTICLE II   PRINCIPAL OFFICE
The principal place of business and mailing address of this corporation shall be:

20011 DoThan Rd. Miami Fl 33189

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

100

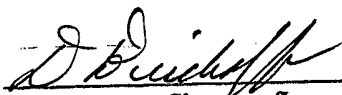## ARTICLE IV   INITIAL REGISTERED   AGENT AND STREET ADDRESS
The name and Florida street address of the initial r   istered agent are:

Douglas A. BischoFF
20011 DoThan Rd Miami Fl 33189

ARTICLE V   INCORPORATOR
The **name and address** of the incorporator to the Articles of Incorporation are:
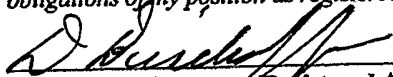
Douglas A. BischoFF
20011 DoThan Rd Miami FL 33189

_____   01-22-99
Signature/Incorporator   **Date**

(An additional article mus e added if an effective date is requested.)

*Having been named as registered agent and to accept ser\   of process for the above stated corporation at the place designated in this
certificate, I hereby accept the appointment as registered   ent and agree to act in this capacity. I further agree to comply with the
provisions of all statutes relating to the proper and co   lete performance of my duties, and I am familiar with and accept the
obligations of my position as registered agent*

_____   01-22-99
Signature/Registered Agent   **Date**