

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE, INC.

(Requestor's Name)

3320 S.W. 87th AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip) (Phone #)

LOCAL REPRESENTATIVE TALLAHASSEE

9000002959509--8

-08/13/99--01087--001

*****78.75 *****78.75

OFFICE USE ONLY

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

1. T & K DIAGNOSTIC INC.
(Corporation Name) (Document #)

2. _____
(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

| 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

RECEIVED

99 AUG 13 AM 11:50

FILED

99 AUG 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

FILED

99 AUG 13 PM 3:11

SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLES OF INCORPORATION
OF

T & K DIAGNOSTICS INC.

I, the undersigned, hereby make, adopt, subscribe and acknowledge these Articles of Incorporation for the purpose of organizing and incorporating under the laws of the State of Florida, by and under the provisions of the statutes of the State of Florida, providing for the formation, liability, rights, privileges and immunities of the corporation for profit.

ARTICLE I NAME

The name of the corporation shall be:

T & K DIAGNOSTICS INC.

ARTICLE II - PURPOSE

The nature of the business, objects and purposes to be transacted and carried on are to engage in any activity of business permitted under the laws of the United States of America and of the State of Florida.

ARTICLE III - CAPITAL STOCK

The authorized capital stock of this corporation shall consist of 60 shares of common stock, having \$ 10.00 par value, which shall be issued for such consideration as may be fixed by the Board of Directors of the corporation.

ARTICLE IV - INITIAL CAPITAL

The amount of capital with which this corporation shall begin business shall be \$ 600.00.

ARTICLE V - CORPORATE EXISTENCE

The corporation shall exist perpetually unless dissolved according to law.

ARTICLE VI - POST OFFICE ADDRESS

The post office address of the principal office of this corporation shall be:
4208 West 5 Lane, Hialeah, Fl. 33012

with the privilege of having branch or other offices at other places within or without the State of Florida. The principal office may be moved to such other address as the Board of Directors shall by resolution determine.

ARTICLE VII - NUMBER OF DIRECTORS

The business of this corporation shall be conducted by a Board of Directors consisting of one persons initially.

The number of directors may be changed from time to time By-Laws adopted by the stockholders; but shall never be less than the minimum number required by the laws of the State of Florida, as amended from time to time.

ARTICLE VIII - INITIAL DIRECTORS

| <u>N A M E</u> | <u>A D D R E S S</u> |
|----------------|------------------------------------|
| Alvin M. Ordaz | 4208 W. 5 Lane, Hialeah, Fl. 33012 |

ARTICLE IX - OFFICERS

| <u>N A M E</u> | <u>T I T L E</u> |
|-----------------|------------------|
| Alvin M. Ordaz. | President. |

ARTICLE X - SUBSCRIBERS

The name and post office addresses of the subscribers to these articles are as follow :

N A M E

A D D R E S S

Alvin M. Ordaz.

Same as article VIII

ARTICLE XI - AMENDMENTS

These Articles of Incorporation may be amended from time to time in the manner provided by law. Every amendment shall be approved by the Board of Directors, proposed by them to the stockholders and approved at a stockholders' meeting by a majority of the stockholders entitled to vote.

ARTICLE XII - REGISTERED OFFICE AND AGENT

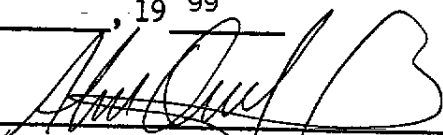
The initial street address of the registered office of the corporation is:
4208 W. 5 Lane, Hialeah, Fl. 33012

and the registered agent is:

Alvin M. Ordaz.

The undersigned has (have) executed these Articles of Incorporation this:

12th day of August, 19 99



Alvin M. Ordaz-President. (SEAL)

(SEAL)

(SEAL)

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: T & K DIAGNOSTICS INC.

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

ALVIN M. ORDAZ

(NAME)

4208 W. 5 Lane.

(P.O. BOX NOT ACCEPTABLE)

Hialeah, Fl. 33012

(CITY/STATE/ZIP)

SIGNATURE a 

(CORPORATE OFFICER)

TITLE President

DATE 8-12-99

99 AUG 13 PM 3 11
FILED
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

SIGNATURE x 

DATE 8-12-99