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(Requestor's Name)

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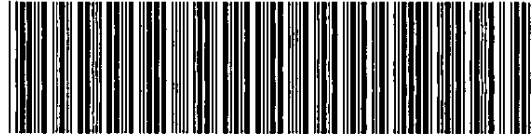
(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____



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TALLAHASSEE, FLORIDA

Special Instructions to Filing Officer:

W12.38135
A. LUNT

JUL 26 2011

EXAMINER

Office Use Only



FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 18, 2012

THOMAS W. APPLGATE
6928 PROVIDENCE DRIVE
HOUSE SPRINGS, MO 63051

SUBJECT: INDEPENDENT TESTING LABORATORIES , L.L.C.
Ref. Number: W12000038135

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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We have received your document for INDEPENDENT TESTING LABORATORIES , L.L.C. and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 212A00019106

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: INDEPENDENT TESTING LABORATORIES
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

THOMAS W. APPELGATE
Name of Person

INDEPENDENT TESTING LABORATORIES
Firm/Company

6928 PROVIDENCE DRIVE
Address

HOUSE SPRINGS MISSOURI 63051
City/State and Zip Code

TWAPPELGATE@YAHOO.COM NOTE: ALL LOWER CASE LETTERS
E-mail address: (to be used for future annual report notification)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

THOMAS APPELGATE at (636) 399-6448
Name of Person Area Code & Daytime Telephone Number

MAILING ADDRESS:
Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. INDEPENDENT TESTING LABORATORIES L.L.C.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. MISSOURI
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 43-1801479
(FEI number, if applicable)

4. JAN 22 1998
(Date of Organization)

5. _____
(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 6928 PROVIDENCE DRIVE
HOUSE SPRINGS MISSOURI 63051
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here

9. The name and usual business addresses of the managing members or managers are as follows:

Thomas W. Applegate

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: INDUSTRIAL

NON-DESTRUCTIVE - TESTING XRAY, VISUAL, ETC

Thomas W Applegate
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

THOMAS W APPLEGATE
Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Independent Testing Laboratories

If unavailable, the alternate to be used in the state of Florida is:

DS Industries Inc.

2. The name and the Florida street address of the registered agent and office are:

Dan Shields
(Name)

2195 North Andrews Ave. St. 10
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pompano Beach Florida 33069
City/State/Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided for in Chapter 608, Florida Statutes.

Dan Shields
(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)

STATE OF MISSOURI



Robin Carnahan
Secretary of State

CORPORATION DIVISION
CERTIFICATE OF GOOD STANDING

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

INDEPENDENT TESTING LABORATORIES, L.L.C.
LC0017386

was created under the laws of this State on the 22nd day of January, 1998, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 20th day of July, 2012

Robin Carnahan

Secretary of State

