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Division of Corporations

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Florida Department of State
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (954)208-0845
Fax Number : (614)573-3996

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

Foreign Limited Liability Company Taustin Laboratories, I.L.C

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

2022 JUN -8 PM 2:31

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Corporate Filing Menu

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S. ROBERTS

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Taustin Laboratories, LLC
(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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")

2. Alabama 46-4688456
(Jurisdiction under the law of which foreign limited liability company is organized) (FID number, if applicable)

4. (Date first transacted business in Florida, if prior to registration)
(See sections 605.004 & 605.005, F.S. to determine penalty liability.)

5. 2868 Acton Road, Suite 207 2868 Acton Road, Suite 207
(Street Address of Principal Office) (Mailing Address)

Birmingham, AL 35243 Birmingham, AL 35243

7. Name and street address of Florida registered agent (P.O. Box NOT acceptable)

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By: C T Corporation System
Meredith Hellwig, Assistant Secretary
(Registered agent's signature)

2022 MAY 17 AM 10:25
FALLA, ARIAN, C.T.C.

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Shawn Hood</u>	☐ Manager	Name: <u>Ryan Glaws</u>
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>2868 Acton Road, Suite 207</u>	☐ Authorized	<u>3033 East First Avenue, Suite #700</u>
Person	<u>Birmingham, AL 35243</u>	Person	<u>Denver, CO 80206-5600</u>
☒ Other <u>President</u>	☐ Other _____	☒ Other <u>Secretary</u>	☐ Other _____
☐ Manager	Name: <u>Edward Kramm</u>	☐ Manager	Name: <u>Michael Clark</u>
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>2868 Acton Road, Suite 207</u>	☐ Authorized	<u>2868 Acton Road, Suite 207</u>
Person	<u>Birmingham, AL 35243</u>	Person	<u>Birmingham, AL 35243</u>
☒ Other <u>CEO</u>	☐ Other _____	☒ Other <u>CFO</u>	☐ Other _____
☐ Manager	Name: <u>Morgan Porter</u>	☐ Manager	Name: <u>David Mauer</u>
☐ Member	Address: _____	☐ Member	Address: _____
☐ Authorized	<u>2868 Acton Road, Suite 207</u>	☐ Authorized	<u>2868 Acton Road, Suite 207</u>
Person	<u>Birmingham, AL 35243</u>	Person	<u>Birmingham, AL 35243</u>
☒ Other <u>COO</u>	☐ Other _____	☒ Other <u>CCO</u>	☐ Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Michael Clark

60F4DD7431F907C92871529CA0230235

cc:tracworks

Signature of an authorized person

Michael Clark

Typed or printed name of signer

John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Taustin Laboratories, LLC was
formed in Jefferson County, Alabama on July 19, 2013. The Alabama Entity
Identification number for this entity is 000-283093. I further certify that the
records do not disclose that said entity has been dissolved, cancelled or terminated.



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**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

05/18/2022

Date

A handwritten signature in cursive script, reading "J. H. Merrill".

John H. Merrill

Secretary of State