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COVER LETTER

	gistration Section rision of Corporations
SUBJECT:	StrategoLab LLC
SUBJECT;	Name of Limited Liability Company
	d "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of 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:
	Elizabeth E. Morrow, Esq.
	Name of Person
	Kerr Law Associates, P.C.
	Pirm/Company
	2 Eves Drive
	Address
	Marlton, NJ 08053
	City/State and Zip Code
	niels.baron@strategolab.com
	E-mail address: (to be used for future annual report notification)
For further in	nformation concerning this matter, please call:
Ε	lizabeth Morrow _{at 215} 772-1200
	Name of Contact Person Area Code Daytime Telephone Number
Div Reg P.O	STREET ADDRESS: ision of Corporations distration Section Box 6327 Clifton Building lahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
	s a check for the following amount: 125.00 Filing Fee

KERR LAW ASSOCIATES, P. C.

2 Penn Center, Suite 1040 1500 John F. Kennedy Boulevard Philadelphia, PA 19102-1721 Telephone: 215-772-1200 Fax: 267-200-0265

E-Mail: waynekerr@wpkerr.com

March 20, 2015

Via Priority Mail

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

RE: StrategoLab LLC

Application by Foreign Limited Liability Company for Authorization to Transact

Business in Florida

Dear Sir or Madam:

Enclosed please find the Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida, original Certificate of Existence from the State of Delaware, original signed Certificate of Designation of Registered Agent/Office, and a check made payable to Florida Department of State for \$125.00.

If you have any questions or need anything further, please do not hesitate to contact us.

Sincerely.

KERR LAW ASSOCIATES, P. C.

3Y:

Wayn**¢** P. Keri<u>,</u> Esquire

WPK/PA.llcltr/j Enclosures

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED HABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA:

	egoLab LLC (Name of Foreign Limited Liability Company; must in		
	wante of Covergn Salared Galarity Company, must in	nettide Emilieu Danniy Company, 1818, 1818	1 101.0. 1
(If name una Liability Cor	callable, enter alternate name adopted for the purpose oppany," "L.L.C," or "LL.C,")	of transacting business in Florida. The alternate n	ame must include "Limited
, Dela		3 61-1754306	
	on under the law of which foreign limited liability is organized)	(FEI number, if applie	able)
4. N/A			75 THE WAY
	(Date first transacted business (See sections 605,0904 & 605,09	s in Florida, if prior to registration.) 103. F.S. to determine penalty liability)	77
_{5.} Two	Logan Square, 100 N. 18th	h Street, Suite 300	27 PH
Phil	adelphia, PA 19103		PH 12: 20
_{6.} <u>Two</u>	(Street Addi Logan Square, 100 N. 18th	ress of Principal Office) n Street, Suite 300	ORIE
Phil	adelphia, PA 19103		•
	•	ailing Address)	
7. The n	ime, title or capacity and address of the po	erson(s) who has/have authority to m	ianage is/are:
Dr. Ni	els Ch. Baron, Member		
Two L	ogan Square, 100 N. 18th S	Street, Suite 300	
Philad	elphia, PA 19103		
having eu acceptable must be si	Signature of	the law of which it is organized. (A per a translation of the certificate under the cert	photocopy is not roath of the translator
	with section 605 0203, F.S., the execution of his document only false information submitted in a document to the Departm		

Typed or printed name of signee

Dr. Niels Ch. Baron

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	the Limited Liability Cor	mpany is:		
Strategol	Lab LLC	4 1		
If unavailable, t	he alternate to be used in	the state of Florida is:		
2. The name an	d the Florida street addres	ss of the registered agent and office are:		
	Registered Agents Legal Services, LLC			
		(Name)		
	155 Office Pla	za Drive, Suite A		
	Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301		
		City/State/Zip		

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 605, Florida Statutes.

(Signature)

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



PAGE :

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "STRATEGOLAB LLC" IS DULY FORMED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING

AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE

SHOW, AS OF THE THIRTEENTH DAY OF MARCH, A.D. 2015.

5672132 8300

150278848

AUTHENT CATION: 2197327

DATE: 03-13-15

You may verify this certificate online at corp.delaware.gov/authver.shtml