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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CCT: PRECISION LABS, LLC Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ce, 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:
	SEAN D MOORE Name of Person
	PRECISION LABS, LLC Firm/Company
	12410 TAYLOR ROAD Address
	PLAIN CITY, OHIO 43064 City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	SEAV D. Moore at (740) 604-0279 Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	sed is a check for the following amount: \$\Bigsup \frac{1}{25.00} \text{ Filing Fee} \text{ \$\Bigsup \frac{1}{25.00} \text{ Filing Fee & Certificate of Status} \$\Bigsup \frac{1}{25.00} \text{ Filing Fee & Certified Copy} \$\Bigsup \frac{1}{25.00} Filing Fee & Certified

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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: PRECISION LABS, LLC
(Name of Foreign Limited Liability Company; "ust include "Limited Liability Company," "L.L.C.," or "LLC.") PRECISION LABS OF EMO, 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.") 3. 47-1678191 (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: MOORE, SINGLE MEMISER 8. 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) Signature of an authorized person (In accordance with section 605.0203, 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.)

Typed or printed name of signee

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.

1. The name of the Limited Liability Company is:	
PRECISION LABS LLC	
If unavailable, the alternate to be used in the state of Florida is:	
PRECISION LABS OF OHIO, LLC	
2. The name and the Florida street address of the registered agent and office are:	
LUBELL / ROSEN	2915
(Name)	3 7
ONE ALHAMBRA PLAZE, SUITE 1410 Florida Street Address (P.O. Box NOT ACCEPTABLE)	2015 APR 13 PH 6
CORAL GABLES FL 33134	12: 06 14: 14: 14: 14: 14: 14: 14: 14: 14: 14:
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)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PRECISION LABS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2306442, was organized within the State of Ohio on June 25, 2014, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 31st day of March, A.D. 2015.

Ohio Secretary of State

Validation Number: 201509000891