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(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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CLERK OF SUPERIOR COURT

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**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Crown Toxicology, Ltd.

Name of Foreign Limited Partnership or Limited Liability Limited Partnership

The enclosed application, certificate of status and fees are submitted to register a foreign limited partnership or limited liability limited partnership to transact business in Florida.

Please return all correspondence concerning this matter to:

Phil Strader

Contact Person

Crown Toxicology, Ltd.

Firm/Company

12015 Starcrest Drive

Address

San Antonio, Tx. 78247

City, State and Zip Code

phil@crowntoxicology.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Phil Strader

at ( 210 ) 455-2925

Name of Contact Person

Area Code and Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$1,000.00 Filing Fees  
(\$965 Filing Fee and  
\$35 Registered Agent  
Fee)

☐ \$1,008.75 Filing Fees  
and Certificate of  
Status

☐ \$1,052.50 Filing Fees  
and Certified Copy

☐ \$1,061.25 Filing Fee,  
Certified Copy, and  
Certificate of Status

**STREET ADDRESS:**

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

**MAILING ADDRESS:**

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

**APPLICATION BY FOREIGN LIMITED PARTNERSHIP OR  
LIMITED LIABILITY LIMITED PARTNERSHIP  
TO TRANSACT BUSINESS IN FLORIDA**

1. Crown Toxicology, Ltd.

(Name of Limited Partnership or Limited Liability Limited Partnership, which must include suffix)

Acceptable Limited Partnership suffixes: Limited Partnership, Limited, L.P., LP, or Ltd.

Acceptable Limited Liability Limited Partnership suffixes: Limited Liability Limited Partnership, L.L.L.P. or LLLP.

If name unavailable, name under which the limited partnership or limited liability limited partnership proposes to register to transact business in Florida; must contain acceptable suffix.

2. Texas

State or Country of Formation

3. 02/24/2015

Date of Formation

4. Federal Employer Identification Number: 47-3245909

5. Name of Registered Agent for Service of Process and Florida Street Address:

Phil Strader

1720 HARBOR VIEW CIR

WESTON, FL 33327

6. 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.



Phil Strader

Digitally signed by Phil Strader  
DN: cn=Phil Strader, o=Crown Toxicology Lab Management, LLC,  
ou=General Partner, email=phil@crowntoxicology.com, c=US  
Date: 2015.11.23 09:38:02 -0800

Signature of Registered Agent

7. Principal Office:

12015 Starcrest Drive

San Antonio, Tx. 78247

8. Mailing Address:

12015 Starcrest Drive.

San Antonio, Tx. 78247

9. If limited partnership is a limited liability limited partnership, check box.

10. Name, principal office address, and mailing address of each general partner:

Name of General Partner: Crown Toxicology Lab Management, LLC

Name of General Partner: \_\_\_\_\_

Street Address: 12015 Starcrest Drive

Street Address: \_\_\_\_\_

San Antonio, Tx. 78247

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_

Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

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FLORIDA

Name of General Partner: \_\_\_\_\_ Name of General Partner: \_\_\_\_\_

Street Address: \_\_\_\_\_ Street Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Mailing Address: \_\_\_\_\_

11. Effective date, if other than the date of filing: \_\_\_\_\_  
 (Effective date cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State.)

12. Attached is a certificate of existence duly authenticated, not more than 90 days prior to the delivery of this application to the Florida Department of State, by the Secretary of State or other official having custody of the entity's records in the jurisdiction under the law of which it is organized.

Signed this 23 day of November, 2015.



**Phil Strader**

Digitally signed by Phil Strader  
 DN: cn=Phil Strader, o=Crown Technology Law Management, LLC,  
 ou=General Partner, email=phil@crowntecology.com, c=US  
 Date: 2015.11.23 06:37:15 -0800

Signature of a general partner

The individual signing this document affirm that the facts stated herein are true and the individual is aware that 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.

|  |  |
|--|--|
| <b>Filing Fees:</b>                      | <b>\$1,000.00 (\$965 Filing Fee and \$35 Registered Agent Fee)</b> |
| <b>Certified Copy (optional):</b>        | <b>\$52.50</b>   |
| <b>Certificate of Status (optional):</b> | <b>\$8.75</b>  |

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 15 NOV 24 AM 10:43  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Carlos H. Cascos  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Crown Toxicology, Ltd. (file number 802162427), a Domestic Limited Partnership (LP), was filed in this office on February 24, 2015.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate PHILIP J STRADER as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

5134 STORMY SUNSET

SAN ANTONIO, TX - 78247 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on November 20, 2015.



A handwritten signature in black ink, appearing to read "Cascos", followed by a horizontal line.

Carlos H. Cascos  
Secretary of State