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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Certified Copies Certificates of Status
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TALLARASSEE FLORIDA

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. July 12, 2016

Secretary of State, Florida 2661 Executive Circle Center Tallahassee FL 32301

Re:

Order #: 10084550 SO

Customer Reference 1:

None Given

Customer Reference 2:

None Given

Dear Secretary of State, Florida:

Please obtain the following:

.Eclipse Toxicology, Ltd. (TX)

Registration

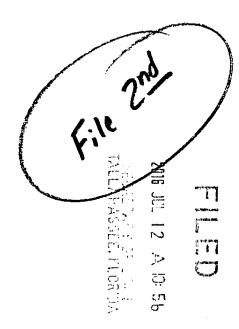
Florida

Eclipse Toxicology, Ltd. (TX)

Obtain Document - Misc - Certified copy of filed

registration

Florida



Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan Senior Fulfillment Specialist Connie.Bryan@wolterskluwer.com

COVER LETTER

TO: Registration Section Division of Corporations			
ECLIPSE TOXICOLOG	GY, LTD.		
SUBJECT: Name of Foreign Limited Part	mership or Limited Liab	ility Limited Partnership	
The enclosed application, certificate of status and f partnership to transact business in Florida. Please return all correspondence concerning this many concerning the status and correspondence concerning the status and correspondence concerning the status and correspondence concerning this many concerning the status and correspondence correspondence correspondence correspondence correspondence corresp		ister a foreign limited partne	rship or limited liability limited
Richey Wyatt			
Contact Person			
Eclipse Toxicology, Ltd.			
Firm/Company			
1077 Central Parkway South,	Suite 300		
Address			
San Antonio, Texas 78232			
City, State and Zip Code			
rwyatt@texastox.com E-mail address: (to be used for future annual rep			
For further information concerning this matter, ple Joseph "Joe" R. Struble	at (210)	250-6148	
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	s : \$1,052,50 Filing and Certified Copy	Pees S1,061.25 Filing For Certified Copy, and Certificate of Status	ee,
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301	MAILING ADDR Registration Section Division of Corpora P. O. Box 6327 Tallahassee, FL 32	a ations	TALLAHASSEE, FLORIDA

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

TO TRANSACT BUSINESS IN FLORIDA ECLIPSE 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. TEXAS November 24, 2014 State or Country of Formation Date of Formation 47-2411282 4. Federal Employer Identification Number 5. Name of Registered Agent for Service of Process and Florida Street Address: C T Corporation System 1200 South Pine Island Road Plantation, Florida 33324 6. Thereby accept the appointment as registered agent and agree to act in this capacity. Thirther 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. C T Corporation System Maria Ozaeta, Vice President Signature of Registered Agent 7. Principal Office: 8. Mailing Address: 1077 Central Parkway South, Suite 300 1077 Central Parkway South, Suite 300 San Antonio, Texas 78232 San Antonio, Texas 78232 9. If limited partnership is a limited liability limited partnership, check box . 10. Name, principal office address, and mailing address of each general partner: Eclipse Lab Management, LLC Name of General Partner: Name of General Partner: 1077 Central Parkway South, Suite 300 Street Address: Street Address: San Antonio, Texas 78233 same as street address. Mailing Address:_ _____ Mailing Address:_______ Name of General Partner: Name of General Partner: Street Address: Street Address: Mailing Address: ______ Mailing Address: ______

Name of General Partner:	Page 1 of 2 Name of Genera	Partner:
Mailing Address:	Mailing Address	
14. Effective date, if other than the date of (Effective date cannot be prior to nor more th	filing: nan 90 days after the date this document i	s filed by the Florida Department of State.)
12. Attached is a certificate of existence duly Florida Department of State, by the Secretary the law of which it is organized.	authenticated, not more than 90 days prior State or other official having custody	or to the delivery of this application to the of the entity's records in the jurisdiction under
Signed thisday of _	July	
	Signature of a general partner	Good (and of the Goner

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.

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

Filing Fees: Certified Copy (optional): Certificate of Status (optional):

\$52.50

\$8.75

Page 2 of 2

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



Carlos H. Cascos Secretary of State

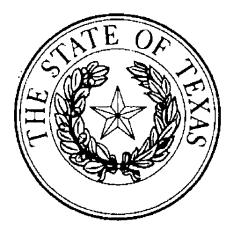
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Eclipse Toxicology, Ltd. (file number 802106966), a Domestic Limited Partnership (LP), was filed in this office on November 24, 2014.

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

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 July 12, 2016.



CUBC -

Carlos H. Cascos Secretary of State

Phone: (512) 463-5555 Fax: (512) 463-5 Prepared by: SOS-WEB TID: 10264 Dial: 7-1-1 for Relay Services Document: 679538200005