

To: Qualification/Tax Lien Section Division of Corporations	1	9000033718793 -08/24/0001066003 ******70.00 ******70.00	
SUBJECT: PREMIER	LAPORATORIES,	Inc.	
SUBJECT: PREMIER LAPORATORIES, INC. (Name of corporation - must include suffix)			
Dear Sir or Madam:			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
	ARRY LHAW		
	(Name of Person)		
TREMIER CABORATORIES TO EST			
(Name of Person)    Manual of Person   Company   Control of Secretary   Control of Secretar			
7235 CENTRAL			
(Address)			
KANSAS CITY, MO 64114 BE 0			
(City/State/Zip)			
Should you need to call someone concerning this matter, please call:			
(Name of Person) at (8/4) 523-749/ x/o (Area Code & Daytime Telephone Number)			
	,	10-4011	
STREET ADDRESS:	MAILING AI	DDRESS: Name Available 1	
Qualification/Tax Lien Section		Tax Lien Section	
Division of Corporations 409 E. Gaines St.	Division of Co P.O. Box 6327		
Tallahassee, FL 32399	Tallahassee, F	• —————————————————————————————————————	
Enclosed is a check for the following an	mount:		
\$70.00 Filing Fee \$78.75 Filing Certificate			

## APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. PREMIED LANGED ATENIES TAKE.

(Name of corporation; must include the word "INCORPORATED", "COMPANY", "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present.)

2. MIJSUL!

(State or country under the law of which it is incorporated)

(Date of incorporation)

(Duration: Year corp. will cease to exist or "perpetual")

6. LINES ESECTIONS 607.1501, 607.1502 and 817.155, F.S.)

7. MEDICAL LADEATED

(Current mailing address)

(Current mailing address)

Name: Sondrad Florida registered agent: (P.O. Box or Mail Drop Box NOT acceptable)

Name: Sondrad, Florida, Florida, Florida, (Zip code)

## 10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

(Registered agent's signature)

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

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable)

A. DIRECTORS (Street address only - P.O. Box NOT acceptable)	
Chairman: RICKEY J. HARRISON	. Tetro i se
Address: 15913 RUSSEL RD	
LTILWELL, KS 46-85	
Vice Chairman: JIMMIE K NOFFSINGER	
Address: 12952 S Summit ST	
OLATHE, KS 66.62	
Director: THEMAS J. h & 13 9	<u> </u>
Address: 4723 & Houge CT	
KANSAS CITY, MO 64116	<u></u>
Director: LARRY W SHAW	<u> </u>
Address: 14323 S KAW DR	
	-
B. OFFICERS (Street address only - P.O. Box NOT acceptable)	<u> </u>
President: RICKEY J. HARRISON	7.XE 000
Address: 15913 Russee Ro	ORE ALL
STILWELL, KS 66-85	7 7 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
Vice President: JIMMIE K. Noff SINCER	
Address: 12952 S Summit ST	
PLATHE, KS 66062	
Secretary: LARRY W LHAW	t to address the second
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011015 166 11 12	
- / 1/34 1/ /1/2/	
Treasurer: $A A B Y W A H A W$ Address: $A A B A B A B A B A B A B A B A B A B $	
	<u></u>
0 LATHF, KS 66062	<u> </u>
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/o	or directors.
13	
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the ap	•
(Typed or printed name and capacity of person signing application	

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STATE OF MISSOURI



## Rebecca McDowell Cook **Secretary of State**

CORPORATION DIVISION CERTIFICATE OF CORPORATE GOOD STANDING

I, REBECCA McDOWELL COOK, Secretary of State of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that PREMIER LABORATORIES, INC.

was incorporated under the laws of this State on the 12th day of MAY, 2000, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 27th day of JULY, 2000.

