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#### **COVER LETTER**

TASECRETARY OF STATE
suffix)
,
Transact Business in Florida," e referenced foreign corporation to
ç:
Telephone Number)
LING ADDRESS: Filing Section on of Corporations Box 6327
assee, FL 32314
See & \$87.50 Filing Fee, Certificate of Status &

TO: New Filing Section Division of Corporations	tories The
SUBJECT: United Labore (Name of corp	atories Inc.
(Name of corp	poration - must include suffix)
Dear Sir or Madam:	
	on for Authorization to Transact Business in Florida," ed to register the above referenced foreign corporation to
Please return all correspondence concerning this	matter to the following:
Lynn Lenzen	
(Na	ame of Person)
United Laboratories	The
	rm/Company)
320 37th Ave	
	(Address)
St. Charles IL	Le-017 4 State and Zip code)
(City/	State and Zip code)
For further information concerning this matter, pl	lease call:
LUNN Lenzen at (le	30 ) 797-4140
(Name of Person) at (Le	Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy

## 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. abora toxics I United Labora toxies Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) (State or country under the law of which it is incorporated)

3. 3(0-2535769

(FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) Ave St Charles, Il (Current manning —

(Purpose(s) of comporation authorized in home state or country to be carried out in state of Florida).

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(Purpose(s) of comporation authorized in home state or country to be carried out in state of Florida). 9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) PORT ST. LUCIE, Florida 34953
(City), Florida (Zip code) Office Address: 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.

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 business addresses of officers and/or directors:  A. DIRECTORS  Chairman: KIMBERLY J. THEODORE  Address: 320 37TH AVENUE  GT. CHARLES ALLE LANGUE (COLTY)
A. DIRECTORS
Chairman: KIMBERLY J. THEODORE
Address: 320 37TH AVENUE
ST CHARLES, ILLINOIS 60174
Vice Chairman: N/A
Address:
Director: JULIE BENGON
Address: 320 37TH AVENUE
ST CHARLES, ILLINOIS 60174
Director: MARK HOFFMEYEN
Address: 320 37TH AVENUE
ST CHARIES, ILLINOIS 60174
B. OFFICERS
President: CEO KIMBERLY J. THEODORE
Address: 320 37th AVENUE
ST CHARIES, ILLINOIS 60174
Vice President: ERIC FRAZIER
Address: 320 37th AUFNUE
ST CHARLES, ILLINOIS 60174
Secretary: JULIE BENSON, VP
Address: ST CHARIES ILLINOIS GO174
Treasurer: MARK HOFFMEYEV
Address: ST CHARIES, ILLINOIS 60174
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.
13. Climbra & Office listed in symbol 13 of the amiliation
Signature of Director or Officer listed in number 12 of the application)  14  15  16  17  18  19  19  19  19  19  10  10  10  10  10
(Typed or printed name and capacity of person signing application)

# Delaware

PAGE 1

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "UNITED LABORATORIES INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTIETH DAY OF DECEMBER, A.D. 2007.

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SECRETARY OF STATE

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071346358

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

Darriet Smile Windson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6256059

DATE: 12-20-07