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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				
Special Instructions to Filing Officer: AUTHORIZATION BY PHONE TO CORRECT COLD Name, # 45 DATE 6 9/10 DOC 5000				

Office Use Only

Jun-25467



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10 JUN -7 PH 3: 47
SECRETARY OF STATE
SALLAHASSEE FLORID

m R 10

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Shear Kers	man haboratories Inc
Name of corporat	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation : "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	standing" and check are submitted to register the
Please return all correspondence concerning this ma	
Jeff L Shear Name	of Person
Shear Kershin	an habs
701 (Ind C+ (1=)
Chesterfield No City/State	10 63005 e and Zip code
Jshear eshear te E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, pleas	se call:
Name of Person at (L. Are	aCode & 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 \$\simeg\$ \$78.75 Filing Fee & Certificate of Status	□ \$78.75 Filing Fee & □ \$87.50 Filing Fee, Certified Copy □ Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

May 25, 2010

JEFF L SHEAR SHEAR KERSHMAN LABS 701 CROWN IND CT #F CHESTERFIELD, MO 63005

SUBJECT: SHEAR KERSHMAN LABORATORIES INC

Ref. Number: W10000025467

We have received your document for SHEAR KERSHMAN LABORATORIES INC and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name listed in number one of the application must be identical to the name listed in the certificate of existence.

The entity's date of incorporation/organization must be listed in the document.

The entity's period of duration must be listed on the application. Please insert the word "perpetual", if a specific date of dissolution or term of existence has not been specified.

The registered agent must sign accepting the designation.

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filing fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$650.00.

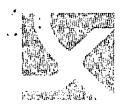
If you have any questions concerning the filing of your document, please call (850) 245-6879.

Ruby Dunlap Regulatory Specialist II

www.sunbiz.org

Letter Number: 910A00013178

Division of Comparations D.O. DOY 6297 Well-based Elevide 2021



Shear/Kershman Labs 701 Crown Industrial Ct., Suite F Chesterfield, MO 63005

Ph: (636) 519-8900 · Fax: (636) 519-0959

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10 JUN - 7 AM II: 34

DIVISION OF CORPORATIONS

TO:

Ruby Dunlap

Florida Department of State

FROM:

Jeff Shear

DATE:

June 2, 2010

Ref Letter Number 910A00013178

Ruby

I am answering your letter of 5/25,2010 to Jeff Shear of Shear Kershman labs concerning registering our company in Florida.

The date of incorporation is 9/13/1978

The duration is perpetual

As we discussed the starting date for the business to operate in the state of Florida will be 10/01/2010.

I have also signed as agent and president of Shear Kershman Labs.

I appreciate all your help and if anything further is needed please feel free to let us know.

Jeff Shear

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.} Shear / Kershm	an Laboratories, Inc.	
	corporation; must include "INCORPORATED," corp.," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"
(If name unavail	able in Florida, enter alternate corporate name a	ndopted for the purpose of transacting business in Florida)
2. Missouri	3.	431148192
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
4. 9/13/19	78 5.	Perpetual
(Date	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
6. October 2009		
	(Date first transacted business in	
		02, F.S., to determine penalty liability)
7. 701 CROWN IN	ID CT CHESTERFIELD MO 63005	200)
	(Principal office addre	
12120 TOSCAI	NA WAY UNIT 202 BONITA SPRINGS FL (Current mailing addr	
	(Current manning additi	233)
8. SALES		
	s) of corporation authorized in home state or cou	intry to be carried out in state of Florida)
Name and stree	et address of Florida registered agent: (P.O.	Box NOT acceptable)
Name:	JEFF SHEAR	— P. T.
Office Address:	12120 TOSCANA WAY (202)	
	BONITA SPRINGS	, Florida 34135 (Zip code)
	(City)	(Zip code)
	gent'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 business addresses of officers and/or directors:

A. DIRECTORS Chairman: __ 10 JUN = 7 PM 3: 47 Address: TALLAHASSEE FLORIDA Vice Chairman: Address: ___ Director: Address: __ **B. OFFICERS** President: JEFF L SHEAR Address: 12120 TOSCANA WAY (202) **BONITA SPRINGS FL 34135** Vice President: ALVIN KERSHMAN Address: 701 CROWN IND CT SUITE F CHESTERFIELD MO 63005 701 CROWN IND CT SUITE F CHESTERFIELD MO 63005 Secretary: ALVIN KERSHMAN Address: 701 CROWN IND CT SUITE F CHESTERFIELD MO 63005 Treasurer: JEFF SHEAR Address: 12120 TOSCANA WAY (202) BONITA SPRINGS FL 34135 NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 13. (Signature of Director or Officer listed in number 12 of the application)

(Typed or printed name and capacity of person signing application)

14. JEFF SHÉAR

STATE OF MISSOURI



Robin Carnahan Secretary of State

CORPORATION DIVISION CERTIFICATE OF GOOD STANDING

10 JUN-7 PH 3: 47

I, ROBIN CARNAHAN, Secretary of the State of Missouri, do hereby certify that the records in my office and in my care and custody reveal that

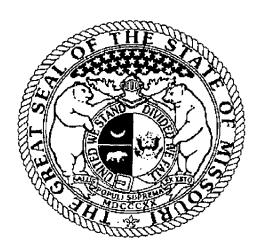
SHEAR/KERSHMAN LABORATORIES, INC. 00203893

was created under the laws of this State on the 13th day of September, 1978, and is in good standing, having fully complied with all requirements of this office.

IN TESTIMONY WHEREOF, I have set my hand and imprinted the GREAT SEAL of the State of Missouri, on this, the 19th day of May, 2010

n Camahan

Secretary of State



Certification Number: 12848307-1 Reference:

Verify this certificate online at https://www.sos.mo.gov/businessentity/soskb/verify.asp