

F140000004314

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

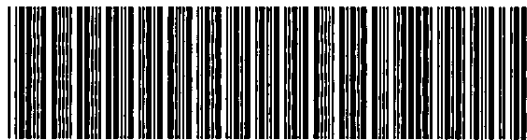
(Document Number)

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14 OCT 10 AM 11:49  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

10/13/14

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** AmeriDrug Laboratories 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," or "Certificate of Good Standing" 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:

**Blane Huff**

Name of Person

**AmeriDrug Laboratories Inc.**

Firm/Company

**6748 N. Franklin Ave.**

Address

**Loveland, CO 80538**

City/State and Zip code

**ameridrug.blane@gmail.com**

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

For further information concerning this matter, please call:

**Blane Huff**

Name of Person

at ( **970** ) **635-1805**

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

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Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee      ☐ \$78.75 Filing Fee & Certificate of Status      ☐ \$78.75 Filing Fee & Certified Copy      ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy



New Filing Section  
Division of Corporations  
Clifton Building  
**Attn: Claretha Golden**  
2661 Executive Center Circle  
Tallahassee, FL 32301

RECEIVED  
14 OCT 10 PM 12:54  
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TALLAHASSEE, FLORIDA

10/9/14

Please accept are certificate of Good Standing in regards to our original application which was mailed on Friday\_10/3/14. I have attached page 3 of our original application for you to locate our file easier. If you need anything further, please feel free to contact me directly at the below listed number.

Best Regards,



**Chris Martinez**  
**Controller/Human Resources Manager**  
**Office: 970-635-1805**

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14 OCT 10 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 6, 2014

BLANE HUFF  
6748 N. FRANKLIN AVENUE  
LOVELAND, CO 80538

SUBJECT: AMERIDRUG LABORATORIES INC.  
Ref. Number: W14000060730

We have received your document for AMERIDRUG LABORATORIES INC. and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any further questions concerning your document, please call (850) 245-6052.

Claretha Golden  
Regulatory Specialist II  
New Filing Section

Letter Number: 714A00021322

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14 OCT 10 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. **AmeriDrug Laboratories 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)

2. **Colorado** 3. **32-0251964**  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. **9/20/13** 5. **9/20/2077**  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. **This is first time transacting business in state of Florida.**  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. **6748 N. Franklin Ave. Loveland, CO 80534**  
(Principal office address)  
**6748 N. Franklin Ave. Loveland, CO 80534**  
(Current mailing address)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: **Dave Brewer**

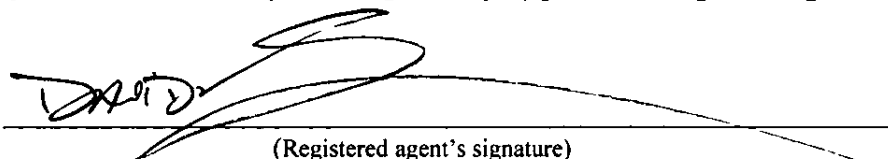
Office Address: **315 E. Olympia Ave., Suite 243**

**Punta Gorda, FL**, Florida **33950**  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

9. **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)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Blane Huff -Chairman (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Vice Chairman: Blane Huff- Vice Chairman (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Director: Blane Huff - Director (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Director: Blane Huff - Director (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

**B. OFFICERS**

President: Blane Huff - President (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Vice President: Blane Huff - Vice President (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Secretary: Blane Huff - Secretary (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

Treasurer: Blane Huff - Treasurer (SOLE OWNERSHIP)

Address: 1316 Alene Circle, Fort Collins, CO 80525

**NOTE:** If necessary, you may attach an addendum to the application listing additional officers and/or directors.

12.   
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she 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.

13. Blane Huff - Chairman/President

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

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14 OCT 10 AM 11:50

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

OFFICE OF THE SECRETARY OF STATE  
OF THE STATE OF COLORADO

**CERTIFICATE**

I, Scott Gessler, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

**AmeriDrug Laboratories Inc.**

is a **Corporation** formed or registered on 06/12/2008 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20081317682.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 10/08/2014 that have been posted, and by documents delivered to this office electronically through 10/09/2014 @ 13:51:29.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Denver, Colorado on 10/09/2014 @ 13:51:29 pursuant to and in accordance with applicable law. This certificate is assigned Confirmation Number 8978718.



Secretary of State of the State of Colorado

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14 OCT 10 AM 11:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*\*\*\*End of Certificate\*\*\*\*\*

*Notice: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Certificate Confirmation Page of the Secretary of State's Web site, <http://www.sos.state.co.us/bi-/CertificateSearchCriteria.do> entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, <http://www.sos.state.co.us/> click Business Center and select "Frequently Asked Questions."*