

F15000003159

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

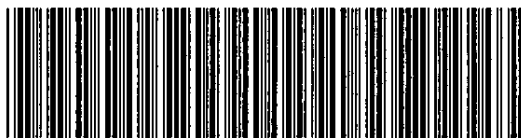
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700275169167

700275169167
07/20/15--01025--005 **78.75

FILED
2015 JUL 20 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. Curran JUL 21 2015

RICHARD T. FUGIEL & ASSOCIATES, LTD

Tax and Financial Consultants

July 13, 2015

New Filing Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

RE: LabSource Inc; additional Information for Sales Tax & Business Registration

To whom it may concern:

Please be advised that on July 13th, there was an online filing for a Sales Tax & Business Registration for LabSource Inc – an IL corporation now with nexus in FL. The related confirmation for this online application is 29449218815.

In addition to the online application, the following is included with this letter as additional information to complete the necessary application steps:

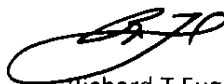
A Certificate of Good Standing issued by IL this same date,
Payment of \$78.75 for the Filing Fee & Certificate of Status and
The COVER LETTER filing.

LabSource Inc has started assessing Sales Tax to its non-exempt customers starting July 1, 2015; and they will commence filing FL Sales Tax returns for such month in August. Please forward a sales tax account number, to my client, in time for them to use it on their first filing.

The COVER LETTER does authorize your office to contact me directly as it relates to further information that might be required by your office. If you find you do require any additional information, or have any questions on the application, please call me directly.

Your assistance with this matter is appreciated.

Sincerely,



Richard T Fugiel
Certified Public Accountant

CC: Gust or Scime

File: LabSource\July 2015 Letter for FL Application

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LabSource 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:

Richard T Fugiel, CPA

Name of Person

Richard T Fugiel & Associates Ltd

Firm/Company

250 Souwanas Trail

Address

Algonquin, IL 60102

City/State and Zip code

rtfcpa@ameritech.net

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

For further information concerning this matter, please call:

Richard T Fugiel CPA

Name of Person

at (847) 458-2601

Area Code

Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:

Registration 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 &
Certified Copy

☐ \$87.50 Filing Fee,
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.*

1. LabSource Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

Labsource Products Inc

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Illinois 3. 36-3631684
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. February 21, 1989 5. Perpetual
(Date of incorporation) (Date of duration, if other than perpetual)

6. July 2015
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1260 Garnet Drive, Northlake, IL 60164
(Principal office address)

Same
(Current mailing address, if different)

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

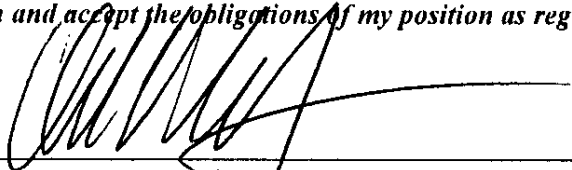
Name: David Gust

Office Address: 1707 3rd Street South

Naples, Florida 34102
(City) (Zip code)

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.

FILED
2015 JUL 20 AM 10:56
CLERK OF STATE
TALLAHASSEE, FLORIDA

• 11. Name's and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: David Gust

Address: 1707 3rd Street South

Naples, FL 34102

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: David Gust

Address: 1707 3rd Street South

Naples, FL 34102

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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 11 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.

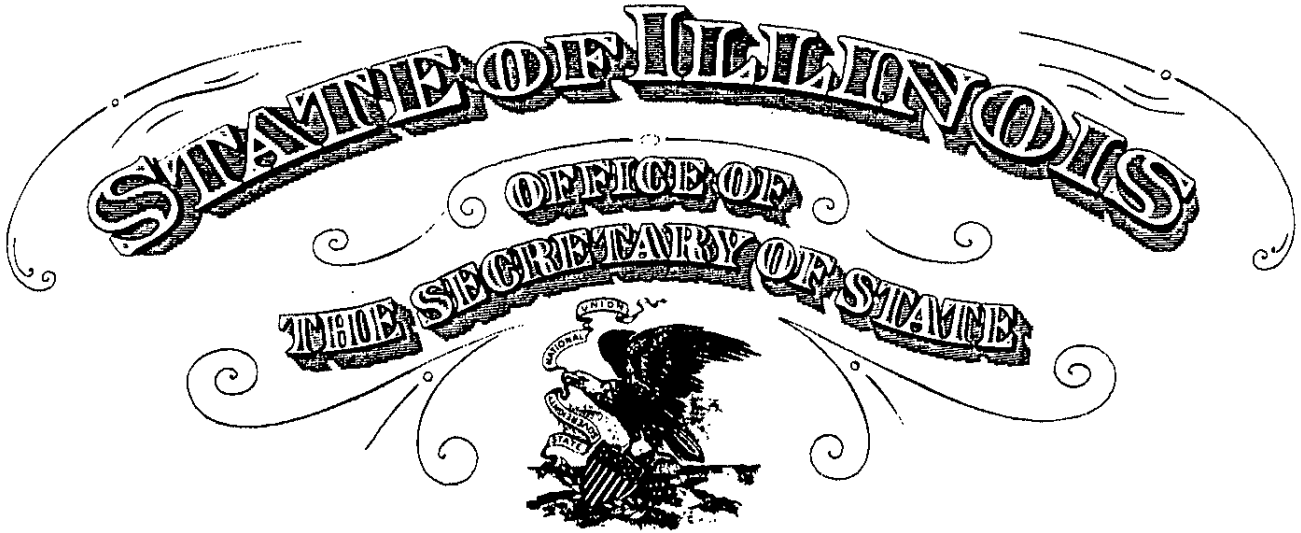
13. David Gust, Director, Officer & Owner

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

FILED
2015 JUL 20 AM 10:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

File Number

5541-524-2



To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

LABSOURCE, INC., A DOMESTIC CORPORATION, INCORPORATED UNDER THE LAWS OF THIS STATE ON FEBRUARY 21, 1989, APPEARS TO HAVE COMPLIED WITH ALL THE PROVISIONS OF THE BUSINESS CORPORATION ACT OF THIS STATE RELATING TO THE PAYMENT OF FRANCHISE TAXES, AND AS OF THIS DATE, IS IN GOOD STANDING AS A DOMESTIC CORPORATION IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set
my hand and cause to be affixed the Great Seal of
the State of Illinois, this 13TH
day of JULY A.D. 2015 .

Jesse White