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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : C.T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
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TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FOREIGN PROFIT/NONPROFIT CORPORATION
Omega Laboratories, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	05
Estimated Charge	\$70.00

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TALLAHASSEE, FLORIDA

OCT 16 2015
D. BRUCE

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. Omega Laboratories, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.") Omega Global Laboratory Services Inc. (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Delaware (State or country under the law of which it is incorporated) 3. 34-1907353 (FEI number, if applicable) 4. 6/28/1999 (Date of incorporation) 5. Perpetual (Date of duration, if other than perpetual) 6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 400 N. Cleveland Avenue, Mogadorc, Ohio 44260 (Principal office address)

(Current mailing address, if different)

- 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: CT Corporation System Office Address: 1200 South Pine Island Road Plantation, FL 33324 (City), Florida (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.

CT Corporation System

By: Connie Bryan (Registered agent's signature) Connie Bryan Assistant Secretary

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.

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

A. DIRECTORS

Chairman: John Vitullo
Address: 140 Public Square Apt, 402, Cleveland, Ohio 44114

Vice Chairman: Clayton Jay Davis
Address: 87 Brandywine Drive, Peninsula, Ohio 44264

Director: Bill Cort
Address: 5981 Ledgeview Drive, Peninsula, Ohio 44264

Director:
Address:

B. OFFICERS

President: John Vitullo
Address: 140 Public Square Apt. 402, Cleveland, Ohio 44114

Vice President: Clayton Jay Davis
Address: 87 Brandywine Drive, Hudson, Ohio 44236

Secretary: Bill Cort
Address: 5981 Ledgeview Drive, Peninsula, Ohio 44264

Treasurer:
Address:

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TALLAHASSEE FLORIDA

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

12. Bill Cort
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. Bill Cort, Secretary
(Typed or printed name and capacity of person signing application)



FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

**RESOLUTION OF THE BOARD OF DIRECTORS TO ADOPT AN
ALTERNATE NAME FOR USE IN FLORIDA**
(Pursuant to section 607.1506 or 617.1506, F.S.)

(Please print or type)

I, the undersigned Bill Cort, do hereby certify
(Name)

that this Resolution of the Board of Directors of Omega Laboratories, Inc.

(Name of Corporation)

a corporation duly organized and existing under the laws of Delaware,
(State or Country)

was adopted on October 9, 2015, adopting the alternate

name of Omega Global Laboratory Services Inc.
(Alternate Name) NOTE: Must contain a corporate suffix)

for use in Florida as its real name is unavailable in Florida.

Date: October 15, 2015

Bill Cort
Signature of Chairman, Vice Chairman of the Board, a
director or any officer

Secretary
Title of person signing

FILING FEE \$35

(No fee required if submitted with a foreign not for profit qualification or amendment)

Make checks payable to Florida Department of State and mail to:

Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

CR2E126 (04/12)

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TALLAHASSEE FLORIDA

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Delaware

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Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "OMEGA 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 FIFTEENTH DAY OF OCTOBER, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.



3062291 8300

SR# 20150517543

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


Jeffrey W. Bullock, Secretary of State

Authentication: 10242737

Date: 10-15-15