Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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FOREIGN PROFIT/NONPROFIT CORPORATION

Meridian Laboratory Corporation

Certificate of Status	0
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Electronic Filing Menu Corporate Filing Menu

MAY 0 5 2016

J SHIVERS

COVER LETTER

TO: Registration Section Division of Corporations
Meridian Laboratory Corporation SUBJECT:
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:
MARGIE SADIER
Name of Person
Meridian Laboratory Corporation
Firm/Company
2401 WHITEHALL PARK DRIVE, SUITE 700 Address CHARLOTTE, NC. 28273
Address
CHARCOLLE, DC 28213
City/State and Zip code
MSAUCTE MERIDIAN LABORATORY, COM E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
MAUREEN ROSE at (704) 992-0708 Ext. 138 Name of Person 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 \$\Bigcup \\$78.75 Filing Fee & Certificate of Status \$\Bigcup \\$78.75 Filing Fee & Certified Copy \$\Bigcup \\$78.75 Filing Fee & 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. Meridian Laboratory Corporation (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) (Date of duration, If other than perpetual) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address: Plantation, FL 33324 (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. C T Corporation System (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 OLUNGE MICHAEC A. PICKARD			
Address: 2401 WHITEHALL PARK DR-SUITE 700 CHARLOTTE, NC 28273			
Vice Chairman:			_
Address:			
Director:			
Address:			
Director:			
Address:			
B. OFFICERS President: MICHAEL A. PICKARD		16 KA)	
Address: 240/ WHITEHAL PARK DRIVE - SuitE 700		1	ę
CHARLOTTE NU 28273		Ī	11.7
Vice President:		7.1	E and Profile.
Address:			
Qt			
Secretary:Address:			
Treasurer:			
Address:			
NOTE: If necessary, you may attach an addendum to the application listing additional officers and	/or disset	Ore	
12 Muchael A Hallow	or ulrecu	ors.	
Signature of Director or Officer			
The officer or director signing this document (and who is listed in number 11 above) affirms that the are true and that he or she is aware that false information submitted in a document to the Department at third degree felony as provided for in s.817.155, F.S.			
MICHAEZ A. TICKARD			
(Typed or printed name and capacity of person signing application)			



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

MERIDIAN LABORATORY CORPORATION

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 12th day of March, 2002, with its period of duration being Perpetual.

I FURTHER certify that, as of the date set forth hereunder, the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Business Corporation Act; that its most recent annual report required by N.C.G.S. 55-16-22 has been delivered to the Secretary of State; and that the said corporation has not filed articles of dissolution as of the date of this certificate.





Scan to verify online.

Certification# 98695079-1 Reference# 13167004- Page: 1 of 1 Verify this certificate online at http://www.sosne.gov/verification

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 27th day of April, 2016.

Elaine J. Marshall

Secretary of State