F1400000 4828

| (Requestor's Name) | | | | | |
|------------------------|---|--|--|--|--|
| ess) | | | | | |
| ess) | | | | | |
| State/Zip/Phone | e #) | | | | |
| ☐ WAIT | MAIL | | | | |
| (Business Entity Name) | | | | | |
| ument Number) | <u> </u> | | | | |
| Certificates | of Status | | | | |
| ling Officer: | | | | | |
| | : | | | | |
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| | ess) State/Zip/Phone WAIT ness Entity Nar ument Number) Certificates | | | | |





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COVER LETTER

| _ | stration Section sion of Corporations | | | | | | |
|---|--|-------------------------|--|--|--|--|--|
| | U.S. BIOTEK LABORATOR | LIES, INC. | | | | | |
| Name of corporation - must include suffix | | | | | | | |
| Dear Sir or N | Лаdam: | | | | | | |
| "Certificate of | | of Good Standing" a | zation to Transact Business in Florida," and check are submitted to register the orida. | | | | |
| Please return | all correspondence concerni | ng this matter to the | following: | | | | |
| | | Name of Person | | | | | |
| INCORPORA | ATING SERVICES, LTD. | | | | | | |
| | | Firm/Company | | | | | |
| | | Address | | | | | |
| TALLAHAS | SEE, FL 32301 | | | | | | |
| | | City/State and Zip of | code | | | | |
| mcphearson@ | | | | | | | |
| | E-mail address | : (to be used for futur | e annual report notification) | | | | |
| For further in | nformation concerning this m | atter, please call: | | | | | |
| MELISSA | | | | | | | |
| Nan | ne of Person | at () Area Code | Daytime Telephone Number | | | | |
| Regi Divi Clift 2661 | SEET/COURIER ADDRESS stration Section sion of Corporations on Building Executive Center Circle ahassee, FL 32301 | S: | MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | | | | |
| Enclosed is a | a check for the following amo | ount: | | | | | |
| 3 \$70.00 Fi | iling Fee | | 5 Filing Fee & Sand State 5 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.

| (If name unavai | able in Florida, enter alternate corporate nar | me a | adopted for the purpose of transacting business in Florida) | |
|-----------------|--|-------|---|--|
| Washingto | n · | 3. | 26-1548678 | |
| (State or count | ry under the law of which it is incorporated) | | (FEI number, if applicable) | |
| January 1 | 2008 | 5 | Perpetual | |
| (Dat | (Date of incorporation) | | (Date of duration, if other than perpetual) | |
| Upon quali | ication | | | |
| 16020 Lind | | 7.15 | Florida, if prior to registration) 02, F.S., to determine penalty liability) 3-5672 | |
| | (Prir | ncipa | al office address) | |
| 16020 Lind | en Avenue N, Shoreline, WA 98 | | | |
| | | | a. a.d.d===== 16.4166=====43 | |
| | (Current ma | ıilin | g address, if different) | |
| | (Current ma et address of Florida registered agent: (Registered Agent Solutions, Inc. | | | |
| Name and stre | et address of Florida registered agent: (| | Box NOT acceptable) | |
| Name and stre | et address of Florida registered agent: (Registered Agent Solutions, Inc. | | | |

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.

Janus Par Assist See (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:

| . DIREC | CTORS | | | |
|------------|--|----------------|---------------------------------------|----------|
| hainnan: | Raymond M. Suen | | | |
| \ddress: _ | 16020 Linden Avenue N | | | |
| | Shoreline, WA 98133-5672 | | | |
| Vice Chair | man: | | | |
| Address: | | | | |
| Director: | Margaret W. Suen | | | |
| Address: | 16020 Linden Avenue N | | | |
| | Shoreline, WA 98133-5672 | | | |
| Director: | | | | |
| Address: | | | | |
| | ICERS Raymond M. Suen 16020 Linden Avenue N | | | |
| | Shoreline, WA 98133-5672 | | | |
| Vice Pres | sident: Margaret W. Suen | | 6 | |
| Address: | 16020 Linden Avenue N | 2 (1) 3 (2) | CT 2 | *TF |
| | Shoreline, WA 98133-5672 | | - | <u></u> |
| Secretary | Margaret W. Suen | 1103 | - 66 | <u> </u> |
| Address: | 16020 Linden Avenue N, Shoreline, WA 98133-5672 | | <u>-</u> | |
| Treasure | r: Roger Long | | | |
| Address: | 16020 Linden Avenue N, Shoreline, WA 98133-5672 | | | |
| 12 | If necessary you may attach an addendum to the application listing additional officers and/ Signature of Director or Officer | - - | · · · · · · · · · · · · · · · · · · · | |
| are true | icer or director signing this document (and who is listed in number 11 above) affirms that the and that he or she is aware that false information submitted in a document to the Department legree felony as provided for in s.817.155, F.S. | | | |
| 12 | Raymond M. Suen, President | | | |

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



Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

U.S. BIOTEK LABORATORIES, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 1/1/2008.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: October 26, 2016

UBI: 602-784-890

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

