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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

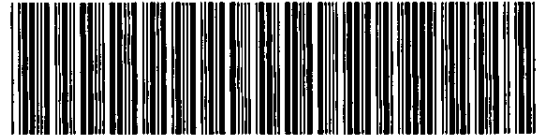
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W116-84395

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
JAN 31 P 12:03

FILED

S Warren

FEB 01 2017

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Tim Rawls
FASTECH CLS, INC.
2740 SW Martin Downs Blvd.
#320
Palm City, FL. 34990

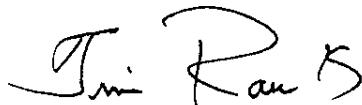
Stacey Warren
Florida Department of State
Division of Corporations

RE: Application by Foreign Corporation

Dear Stacy,

I have corrected the mistake with the date in line 6 of the application. I mistakenly put dates where I did some contract work and should have put the date that is listed now. Your help in this matter is greatly appreciated. Please let me know if you need any more information.

Sincerely,

A handwritten signature in cursive script that reads "Tim Rawls". The signature is written in dark ink and is positioned above a horizontal line.

Tim Rawls



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 19, 2016

TIM RAWLS
2302 AMALFI WAY
PALM BEACH GARDENS, FL 33410

SUBJECT: FASTECH CLS, INC.
Ref. Number: W16000084395

We have received your document for FASTECH CLS, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 607.1502(4), 617.1502(4) or 605.0904(7), Florida Statutes, this entity is liable for a civil penalty of at least \$500 but not more than \$1000 for each year this entity transacted business or conducted its affairs in Florida prior to qualification. In addition to this civil penalty, the appropriate annual report fees that would have been due this office had the entity qualified the year it began operations in this state are also due. The amount due this office to cover both annual report(s) and penalty fees is \$3,200.00.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tanisha L Washington
Regulatory Specialist II

Letter Number: 516A00026868

COVER LETTER

TO: Registration Section
Division of Corporations
FASTECH CLS, INC.

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:
Tim Rawls

FASTECH CLS, INC	Name of Person
2302 Amalfi Way	Firm/Company
	Address
Palm Beach Gardens, FL 33410	City/State and Zip code
E-mail address: (to be used for future annual report notification)	

For further information concerning this matter, please call:

Tim Rawls	772	240-0923
_____	at (_____) _____	
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 ☐ \$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.

FASTECH CLS, INC.

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

FASTECH CLINICAL LABORATORY SERVICE

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
NEVADA 80-0121800

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

August 25, 2004

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. ~~September 1998~~ 11-21-07 to 9-09- (F07000005843) See Letter Attached
(Date first transacted business in Florida, if prior to registration)

(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

2905 Lake East Drive Suite 150, Las Vegas, NV, 89117

7. _____
(Principal office address)

(Current mailing address, if different)

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

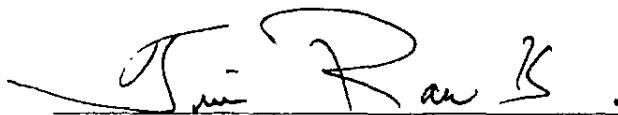
Name: Tim Rawls

Office Address: 2302 Amalfi Way

Palm Beach Gardens 33410
_____, Florida _____
(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
07 JUN 11 P 12:02
SECRETARY OF STATE
TAMPA, FLORIDA

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

A. DIRECTORS

Chairman: Tim Rawls
2302 Amalfi Way
Address: Palm Beach Gardens, FL. 33410

Vice Chairman: Debra Rawls
2302 Amalfi Way
Address: Palm Beach Gardens, FL. 33410

Director: Chelsea Rawls
2302 Amalfi Way
Address: Palm Beach Gardens, FL. 33410

Director: _____
Address: _____

B. OFFICERS

President: Debra Rawls
2302 Amalfi Way
Address: Palm Beach Gardens, FL. 33410

Vice President: Chelsea Rawls
2302 Amalfi Way, Palm Beach Gardens, FL. 33410
Address: _____

Secretary: Tim Rawls
2302 Amalfi Way, Palm Beach Gardens, FL. 33410
Address: _____

Treasurer: Tim Rawls
2302 Amalfi Way, Palm Beach Gardens, FL. 33410
Address: _____

FILED
JUN 11 12:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

12. Tim Rawls
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. Tim Rawls, Chairman
(Typed or printed name and capacity of person signing application)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, BARBARA K. CEGAVSKE, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **FASTECH CLS, INC.**, as a corporation duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since August 25, 2004, and is in good standing in this state.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on December 14, 2016.

Barbara K. Cegavske

BARBARA K. CEGAVSKE
Secretary of State

Certified By: Tracy Gillespie
Certificate Number: C20161213-1411
You may verify this certificate
online at <http://www.nvsos.gov/>