

F17000005202

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

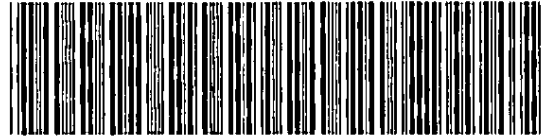
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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10/31/17--01029--013 \*\*78.75

2017 NOV 15 PM 3:57

NOV 17 2017  
J. HARRIS

10/31/17



250 N. Westlake Blvd. | Suite 240 | Westlake Village, CA 91362

November 13, 2017

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

RE: Elite Medical Laboratories Group Inc.

To whom it may concern:

The Enclosed COG is for entity Elite Medical Laboratories Group Inc. along with the letter stating it is being retained until the certificate of good standing is obtained. For any questions please email or call the phone number on this email.

Thank you in advance and please return all correspondence in regards to this filing using the email listed below.

Sincerely,

**Amanda J. Beren, Document Processor**  
CorpNet™, Incorporated  
888-449-2638 Ext. 105  
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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 2, 2017

AMANDA J BEREN, SR  
CORPNET, INCORPORATED  
340 N WESTLAKE BLVD, SUITE 210  
WESTLAKE VILLAGE, CA 91362

SUBJECT: ELITE MEDICAL LABORATORIES GROUP INC.  
Ref. Number: W17000087821

2017 NOV 16 PM 3:57

We have received your document for ELITE MEDICAL LABORATORIES GROUP INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 517A00022220

2017 NOV 16 PM 12:30

**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. Elite Medical Laboratories Inc.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "In.," "Co.," or "Corp.")

Elite Medical Laboratories Group Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 82-2147149  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/10/2017 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

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

7. 3330 Westbrook Rd Gwinnett, Suwanee GA 30024, USA  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: REGISTERED AGENTS INC.

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA, Florida 33607  
(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.*

Bill Havre Bill Havre/Secretary/Registered Agents Inc.  
(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.

2017 NOV 16 PM 3:57

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

**A. DIRECTORS**

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Director: Walid Diab

Address: 1130 Hurricane Shoals Rd. NE, Suite 1300-A

Lawrenceville, GA 30043

Director: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

**B. OFFICERS**

President: Walid Diab

Address: 1130 Hurricane Shoals Rd. NE, Suite 1300-A

Lawrenceville, GA 30043

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. \_\_\_\_\_  
*Walid Diab*

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. Walid Diab *Walid Diab*

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

2017 NOV 16 PM 0:57

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

### CERTIFICATE OF EXISTENCE

I, **Brian P. Kemp**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Elite Medical Laboratories Inc**

a Domestic Profit Corporation

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14939399  
Date Inc/Auth/Filed: 07/10/2017  
Jurisdiction : Georgia  
Print Date : 10/20/2017  
Form Number : 211



A handwritten signature in black ink, appearing to read "B. P. Kemp".

Brian P. Kemp  
Secretary of State