

F180000000 88

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

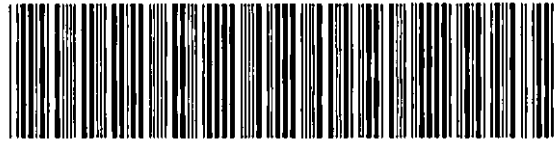
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



500307323615

18 JAN -8 PM 12:51
STATE
FILING OFFICE, FLORIDA

JAN 09 2014
J. HARRIS

2015 JAN -8 PM 6:46

CORPORATION SERVICE COMPANY
1201 Hays Street
Tallahassee, FL 32301
Phone: 850-558-1500

ACCOUNT NO. : I20000000195

REFERENCE : 998120 7273269

AUTHORIZATION

COST LIMIT : \$ 87.50

ORDER DATE : January 5, 2018

ORDER TIME : 9:04 AM

ORDER NO. : 998120-005

CUSTOMER NO: 7273269

FOREIGN FILINGS

NAME: LAB-AIDS, INC.

XXXX QUALIFICATION (TYPE: CO)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY
 PLAIN STAMPED COPY
XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT#

EXAMINER: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: LAB-AIDS, INC.

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:
JONATHAN ATKINS

Name of Person

LAB-AIDS, INC.

Firm/Company

17 COLT CT

Address

RONKONOMA, NY 11779

City/State and Zip code

agunston@lab-aids.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ARTHUR GUNSTON

631

737-1133 X125

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.

LAB-AIDS, INC.

1. _____
(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)

2. NEW YORK 3. 11-6035758
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 07/02/1963 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. 17 COLT CT, RONKONKOMA, NY 11779
(Principal office address)

(Current mailing address, if different)

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

Name: Corporation Service Company
Office Address: 1201 Hays Street
Tallahassee, Florida 32301
(City) (Zip code)

49-38-97 8-22-68

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.

Lydia Cohen
Asst. Vice President

Corporation Service Company
By: _____
(Registered agent's signature)

1. 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

Chairman: DIANE FRANK

Address: 17 COLT CT
RONKONKOMA, NY 11779

Vice Chairman: JONATHAN ATKINS

Address: 17 COLT CT
RONKONKOMA, NY 11779

Director: JONATHAN FAUST

Address: 17 COLT CT
RONKONKOMA, NY 11779

Director: ARTHUR GUNSTON

Address: 17 COLT CT
RONKONKOMA, NY 11779

B. OFFICERS

President: JONATHAN ATKINS

Address: 17 COLT CT
RONKONKOMA, NY 11779

Vice President: _____

Address: _____

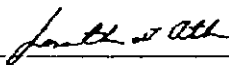
Secretary: JONATHAN FAUST

Address: 17 COLT CT, RONKONKOMA, NY 11779

Treasurer: _____

Address: _____

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



Signature of Director or Officer

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 first degree felony as provided for in s.817.155, F.S.

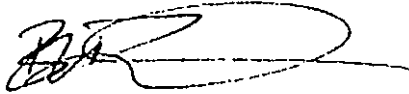
JONATHAN ATKINS, PRESIDENT

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

State of New York
Department of State } **ss:**

I hereby certify, that the Certificate of Incorporation of LAB-AIDS, INC. was filed on 07/02/1963, fixing the duration as perpetual, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 04th day of January
two thousand and eighteen.*



Brendan W. Fitzgerald
Executive Deputy Secretary of State

