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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

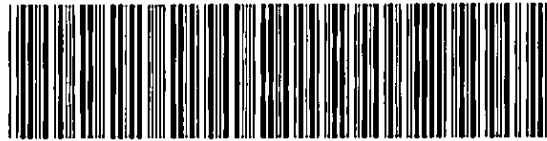
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2018 FEB - 2 AM 9:33  
DEPARTMENT OF STATE  
TALBAIN ASSOCIATES, FLORIDA

18 FEB - 7 AM 10:12  
DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

M. MILLIGAN

FEB 07 2018

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ADVANCED BIOMEDICAL, 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:

FREDERICK CHELLY

Name of Person

ADVANCED BIOMEDICAL, INC.

Firm/Company

1551 SW 37TH AVE

Address

OCALA, FL 34474

City/State and Zip code

FCHELLY@ABMEDLAB.COM

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

For further information concerning this matter, please call:

FREDERICK CHELLY

561 573-4961  
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.

1. ADVANCED BIOMEDICAL, INC.  
(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. CALIFORNIA 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 12/24/1987 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 02/02/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1551 SW 37TH AVE. OCALA, FLORIDA 334474  
(Principal office address)

(Current mailing address, if different)

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

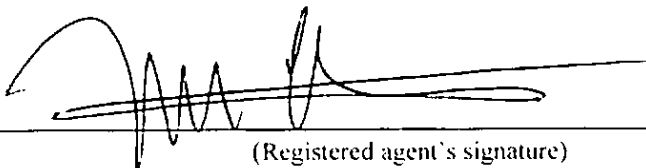
Name: FREDERICK CHELLY

Office Address: 1551 SW 37TH AVE

OCALA, Florida 34474  
(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.

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SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
18-FEB-7 AM 10:12

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

**A. DIRECTORS**

Chairman: JAMES F. PORTER

Address: 1551 SW 37TH AVE.

OCALA, FLORIDA 334474

Vice Chairman: FREDERICK CHELLY

Address: 1551 SW 37TH AVE.

OCALA, FLORIDA 334474

Director: SEAN PORTER

Address: 1551 SW 37TH AVE.

OCALA, FLORIDA 334474

Director: CYRUS KARIMI

Address: 1551 SW 37TH AVE.

OCALA, FLORIDA 334474

**B. OFFICERS**

President: JAMES F. PORTER

Address: 1551 SW 37TH AVE.

OCALA, FL 34474

Vice President: FREDERICK CHELLY

Address: 1551 SW 37TH AVE.

OCALA, FL 34474

Secretary: JAMES F. PORTER

Address: 1551 SW 37TH AVE. OCALA, FL 34474

Treasurer: JAMES F. PORTER

Address: 1551 SW 37TH AVE. OCALA, FL 34474

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

12.  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. FREDERICK CHELLY, VICE PRESIDENT

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

SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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ADDENDUM ADDING ADDITIONAL OFFICERS FOR ADVANCED BIOMEDICAL, INC.

VICE PRESIDENT: SEAN PORTER

ADDRESS: 1551 SW 37<sup>TH</sup> AVE.  
OCALA FL 34474

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**State of California**  
**Secretary of State**

**CERTIFICATE OF STATUS**

**ENTITY NAME:**

ADVANCED BIOMEDICAL, INC.

FILE NUMBER: C1425526  
FORMATION DATE: 12/24/1987  
TYPE: DOMESTIC CORPORATION  
JURISDICTION: CALIFORNIA  
STATUS: ACTIVE (GOOD STANDING)

I, ALEX PADILLA, Secretary of State of the State of California,  
hereby certify:

The records of this office indicate the entity is authorized to  
exercise all of its powers, rights and privileges in the State of  
California.

No information is available from this office regarding the financial  
condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate  
and affix the Great Seal of the State of  
California this day of February 05, 2018.

ALEX PADILLA  
Secretary of State