

F230000002929

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

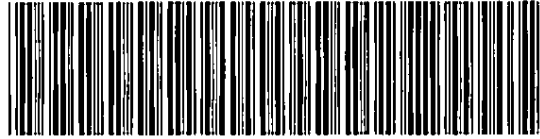
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2023 MAY 17 AM 10:46

SECRETARY OF STATE
TALLAHASSEE, FL



2023 MAY 17 PM 1:48

CLERK OF COURT

Sunshine State Corporate Compliance Company

3458 Lakeshore Drive Tallahassee, Florida 32312

(850) 656-4724

DATE 05/17/2023

****WALK IN****

ENTITY NAME XERON CLINICAL LABORATORIES, INC

DOCUMENT NUMBER _____

****PLEASE FILE THE ATTACHED AND RETURN****

XXXXXXXX

Plain Copy

Certified Copy

Certificate of Status

****PLEASE OBTAIN THE FOLLOWING FOR THE ABOVE ENTITY****

Certified Copy of Arts & Amendments

Certified Copy of Arts & Amendments Complete File (Including Annual Reports)

Certificate of Status

Certificate of Status Reflecting: _____

****APOSTILLE' / NOTARIAL CERTIFICATION****

COUNTRY OF DESTINATION _____

NUMBER OF CERTIFICATES REQUESTED _____

TOTAL OWED \$ 70.00

ACCOUNT # 120160000072

Please call Tina at the above number for any issues or concerns. Thank you so much!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: XERON CLINICAL LABORATORIES, 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:

Moses _____

Name of Person

Corporation _____

Firm/Company

P.O. Box 1176 _____

Address

Monsey, NY 10952 _____

City/State and Zip code

adnan@pcorpx.nc.com _____

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

For further information concerning this matter, please call:

Moses _____

Name of Person

Area Code _____
Daytime Telephone Number

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 310
Tallahassee, FL 32303

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- ☒ \$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. XERON CLINICAL LABORATORIES, INC
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Ltd.," "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. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 06/26/1997 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)
6. 05/09/2023
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
7. 48-25 36th St, Queens, NY 11101
(Principal office street address)
- _____
(Current mailing address, if different)

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


Name: Paracorp Incorporated

Office Address: 155 Office Plaza Drive, 1st Floor

Tallahassee, Florida 32301
(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.

 Leticia Herrera, Asst. Secretary
(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. For each of underlying purposes, list names, titles and addresses of the primary officers and/or directors (ten to six (6) total)

SECRETARY OF STATE
TALLAHASSEE, FL

2023 MAY 17 AM 10:46

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A. DIRECTORS

<input type="checkbox"/> Chairman	Name	Joel Lustigman	<input type="checkbox"/> Chairman	Name	
<input type="checkbox"/> Vice Chairman	Address	45-25 36th St, Queens, NY 11101	<input type="checkbox"/> Vice Chairman	Address	
<input type="checkbox"/> Director			<input type="checkbox"/> Director		
<input checked="" type="checkbox"/> President			<input type="checkbox"/> President		
<input type="checkbox"/> Vice President			<input type="checkbox"/> Vice President		
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name		<input type="checkbox"/> Chairman	Name	
<input type="checkbox"/> Vice Chairman	Address		<input type="checkbox"/> Vice Chairman	Address	
<input type="checkbox"/> Director			<input type="checkbox"/> Director		
<input type="checkbox"/> President			<input type="checkbox"/> President		
<input type="checkbox"/> Vice President			<input type="checkbox"/> Vice President		
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

<input type="checkbox"/> Chairman	Name		<input type="checkbox"/> Chairman	Name	
<input type="checkbox"/> Vice Chairman	Address		<input type="checkbox"/> Vice Chairman	Address	
<input type="checkbox"/> Director			<input type="checkbox"/> Director		
<input type="checkbox"/> President			<input type="checkbox"/> President		
<input type="checkbox"/> Vice President			<input type="checkbox"/> Vice President		
<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer	<input type="checkbox"/> Secretary		<input type="checkbox"/> Treasurer
<input type="checkbox"/> Other		<input type="checkbox"/> Other	<input type="checkbox"/> Other		<input type="checkbox"/> Other

Important notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 § 817.155, F.S.

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

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, ROBERT J. RODRIGUEZ, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name: XERON CLINICAL LABORATORIES, INC.
DOS ID Number: 2157057
Entity Type: DOMESTIC BUSINESS CORPORATION
Entity Status: EXISTING
Date of Initial Filing with DOS: 06/26/1997
Statement Status: CURRENT
Statement Due Date: 06/30/2023

I certify that the following is a list of documents on file in the Department of State for said entity:

Document Type: CERTIFICATE OF INCORPORATION
Date of Filing: 06/26/1997
Entity Name: MOUNT SINAI CLINICAL LABORATORIES INC.

Document Type: CERTIFICATE OF AMENDMENT
Date of Filing: 07/02/1998
Name Changed To: XERON CLINICAL LABORATORIES, INC.

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/15/2000
Effective Date: 06/01/1999

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/02/2001
Effective Date: 06/01/2001

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/20/2003
Effective Date: 06/01/2003

Document Type: BIENNIAL STATEMENT
Date of Filing: 07/20/2005
Effective Date: 06/01/2005

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/07/2007
Effective Date: 06/01/2007

Document Type: BIENNIAL STATEMENT
Date of Filing: 05/28/2009
Effective Date: 06/01/2009

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/23/2011
Effective Date: 06/01/2011

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/18/2013
Effective Date: 06/01/2013

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/02/2015
Effective Date: 06/01/2015

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/08/2017
Effective Date: 06/01/2017

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/14/2019
Effective Date: 06/01/2019

Document Type: CERTIFICATE OF CHANGE
Date of Filing: 02/10/2021

Document Type: BIENNIAL STATEMENT
Date of Filing: 06/29/2021

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

WITNESS my hand and official seal of the Department
of State, at the City of Albany, on April 05, 2023 at
10:38 A.M.



ROBERT J. RODRIGUEZ, Secretary of State

Brendan C. Hughes

By Brendan C. Hughes
Executive Deputy Secretary of State