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Document	Number	Only

CT CORPORATION SYSTEM Requestor's Name 660 East Jefferson Street Address Tallahassee, FL 32301 City State Zip CORPORATION	222-1092 Phone	400	-01/27/9901022011 *****70.00 *****70.00
	PM		
PRECISION SAmpling	``		
Profit () NonProfit () Limited Liability Co. () Limited Partnership () Reinstatement () Certified Copy () Call When Ready Walk In () Mail Out	() Amenda () Dissolu () Annual () Reserv () Photo	tion/Withdrawal Report ation Copies	() Mark () Other ucc Filing () Change of R.A. () Fic. Name () CUS () After 4:30 Pick Up
Name Avallability Document Examiner Updater Verifier Acknowledgment W.P. Verifier	WIII: 12 NED	PLEAS TO HOISINITE OF C BECEL	FILLEGIAN PHIZ: 20 FREY D. BUTTERFIELD SEE, FLORIDA

CR2E031 (1-89)

UAN 27 1999

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION 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.	PRECISIO	ON SAMPLING INC .				<u>-</u>		_
	words or abbr	poration: must include the word "reviations of like import in languan or partnership if not so contained	age as will c	learly ind	licate that it is	", "CORP a corpora	'ORATION", or tion instead of a	
2	Califor	nia		3.	77-02583	99		_
۵.	(State or coun	cnia atry under the law of which it is in	ncorporated)	(FEI 1	number, if	`applicable)	-
4	August	17, 1990 ate of incorporation)	5	perp	etual			•
•	(Da	ate of incorporation)	(I	Ouration:	Year corp. wil	1 cease to	exist or "perpetual")	
6.	upon qua	alification						_
٠.		rst transacted business in Florida.	(SEE SEC	TIONS 6	07.1501, 607.1	502, and	817.155, F.S.)	
7.	47 Louis	se Street, San Rafael	L, Calif	Fornia	94901	-	-	-
		1000000	(Current n	anilina ad	dragg)			-
			(Current ii	iaiiiig ac	urcss)			
8.	Environ	mental sampling and t	testing	•		-	·′	_
	(Purpos	se(s) of corporation authorized in	home state	or counti	y to be carried	l out in the	State of Florida)	
9.	Name and st	reet address of Florida registe	red agent:	(P.O. Bo	ox or Mail Dro	op Box <u>N</u> 0	Offacce Hable)	
	Name:	C T CORPORATION SYSTEM			-		SSEE O P	
Oí	ffice Address:	1200 South Pine Island	Road				PM 12: 20 SEE, FLORID	
		Plantation		, Florida	(Zip code)		20 RIDA	-
10	Registered	agent acceptance:						
in co	this application this application	ned as registered agent and to acce on. I hereby accept the appointmen provisions of all statutes relative to bligation of my position as register	t as registere the proper c ed agent.	ed agent a and comp YSTEM ature) (nd agree to act lete performan <u>Conin</u> Buy CONNIE BR	t in this cap ace of my di	pacity. I further agree to uties, and I am familiar w	
11 D	1. Attached is a pepartment of St	a certificate of existence duly auther rate, by the Secretary of State or oth	nticated, not	more than	SPECIAL ASSI 90 days prior to ody of corporate	o delivery o	of this application to the	law

of which it is incorporated.

12. Names and addresses of officers and/or directors: (Street address ONLY - P.O. Box NOT acceptable) **DIRECTORS** (Street address only - P.O. Box NOT acceptable) A. Chairman: Lisa Whitaker 47 Louise Street, San Rafael, California 94901 Vice Chairman: ___ Address: __ Murray Einarson Director:__ 47 Louise Street Address: San Rafael, California 94901 Director: Michael Casey 47 Louise Street Address: __ San Rafael, California 94901 **OFFICERS** (Street address only - P.O. Box NOT acceptable) В. President: Lisa Whitaker : mord cont 47 Louise Street Address: ___ San Rafael, California 94901 Vice President:____ Secretary: Murray Einarson

Address: 47 Louise Street

San Rafael, California 94901

Treasurer: Michael Casey

47 Louise Street Address: __

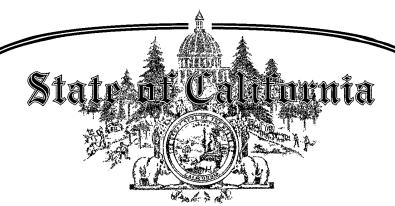
San Rafael, California 94901

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

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Lisa Whitaker, President

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



SECRETARY OF STATE

CERTIFICATE OF STATUS DOMESTIC CORPORATION

I, BILL JONES, Secretary of State of the State of California, hereby certify:

That on the _____ 17th ____ day of _____ August _____, 19 90

PRECISION SAMPLING, INC.

became incorporated under the laws of the State of California by filing its Articles of Incorporation in this office; and

That no record exists in this office of a certificate of dissolution of said corporation nor of a court order declaring dissolution thereof, nor of a merger or consolidation which terminated its existence; and

That said corporation's corporate powers, rights and privileges are not suspended on the records of this office; and

That according to the records of this office, the said corporation is authorized to exercise all its corporate powers, rights and privileges and is in good legal standing in the State of California; and

That no information is available in this office on the financial condition, business activity or practices of this corporation.



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

January 19, 1999

Billyones

Secretary of State