

L15000107599

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

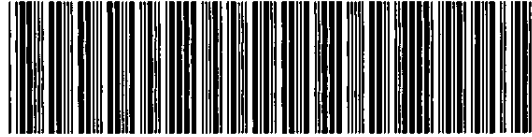
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15 JUN 12 PM 4:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVAL
AND
FILED

174

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: A.T.S. Laboratories, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephen M. Dawes

Name of Person

A.T.S. Laboratories, LLC

Firm/Company

5001 NW 13th Avenue, Suite B

Address

Deerfield Beach, Florida 33064

City/State and Zip Code

atslabs5001@gmail.com

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

For further information concerning this matter, please call:

Stephen M. Dawes

954

605-8462

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

\$125.00 Filing Fee

\$130.00 Filing Fee &
Certificate of Status

\$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

\$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

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

Street Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 17, 2015

STEPHEN M. DAWES
5001 NW 13TH AVENUE, SUITE B
DEERFIELD BEACH, FL 33064

SUBJECT: A.T.S. LABORATORIES, LLC
Ref. Number: W15000041858

We have received your document for A.T.S. LABORATORIES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please type or print the name of the "MGR".

Please return the corrected original and one copy of your document, along with 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) 245-6052.

Valerie Herring
Regulatory Specialist II
New Filing Section

Letter Number: 615A00012656

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

APPROVED
AND
FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

A.T.S. Laboratories, LLC

15 JUN 12 PM 4:50

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

5001 NW 13th Avenue

5001 NW 13th Avenue

Suite B

Suite B

Deerfield Beach, FL 33064

Deerfield Beach, FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

CMD Consulting Services, Inc.

Name

1845 NW 128th Avenue

Florida street address (P.O. Box **NOT** acceptable)

Pembroke Pines

FL

33028

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

APPROVED
AND
FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager
MGR

Name and Address:

15 JUN 12 PM 4:50

Stephen M. Dawes
1845 NW 128th Avenue
Pembroke Pines, FL 33028

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGR

Mark Thomas
11641 NW 31st Place
Sunrise, FL 33323

AMBR

Phil Krugman
737 NW 47th Street
Pompano Beach, FL 33064

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 10, 2015 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Stephen M. Dawes 6/8/15

Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Stephen M. Dawes
Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)