L18000205750

. (Requ	estor's Name)	
(Addre	ess)	
(Addre	ess)	
(City/S	State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Busir	ess Entity Nar	ne)
(Docu	ment Number)	
Certified Copies	Certificates	s of Status
Special Instructions to Fili	ing Officer:	
	Office Use On	ly

M. MOON AUG 2 9 2018







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

. . . ,

			ACCOUNT NO.	:	1200000001	95	
			REFERENCE	:	366055	4311863	
			AUTHORIZATION	: C	Sould of a	.	
			COST LIMIT	:	185.00	Ran	
ORDER	DATE	:	August 28, 2018				
ORDER	TIME	:	1:01 PM				
ORDER	NO.	:	366055-005				

CUSTOMER NO: 4311863

DOMESTIC AMENDMENT FILING

	NAME: EFFECTIVE I	ASAP LAB DATE:	CORP.	18 AUG 20	
				25	1.
<u>XX</u>	ARTICLES OF RESTATED AF		ION INCORPORATION	\$ 35 35	÷

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

<u> </u>	CERTIFIED COPY	
	PLAIN STAMPED COPY	
XX	CERTIFICATE OF GOOD	STANDING

CONTACT PERSON: Emily Croft -- EXT# 62925

EXAMINER'S INITIALS:

COVER LETTER

New Filing Section TO: **Division of Corporations**

SUBJECT: _____ASAP Lab Corp.

. . . .

(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

Carol Buckalew Paralegal				
(Contact Person)				
Blank Rome LLP				
(Firm/Company)	<u></u>			
One Logan Square			- 1 52 (J)	 (i)
(Address)				
Philadelphia, PA 19103				628
(City, State and Zip Code)				A.
E-mail Address: (to be used for future annual report	rt notifications)		Ş	9 :- 2
For further information concerning this matte	r. please call:		:	
Carol Buckalew	at (²¹⁵) 988-6985		
(Name of Contact Person)	(Area Code)	(Daytime Telephone Number)	_	
Enclosed is a check for the following amount	: (All checks p	rocessed by this office must b	oe payab	le in US

dollars and drawn on a bank located in the United States)

□ \$150.00 Filing Fees	□\$155.00 Filing Fees	□\$180.00 Filing Fees	■\$185.00 Filing Fees.
(\$25 for Conversion	and Certificate of	and Certified Copy	Certified Copy, and
& \$125 for Articles	Status		Certificate of Status
of Organization)			

STREET ADDRESS:

New Filing Section **Division of Corporations** Clifton Building 2661 Executive Center Circle Fallahassee, FL 32301

MAILING ADDRESS:

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

Articles of Conversion For <u>"Other Business Entity"</u> Into Florida Limited Liability Company

The Articles of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following **"Other Business Entity" into a Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is: ASAP Lab Corp. DI30000556672
(Enter Name of Other Business Entity)
 The "Other Business Entity" is a <u>Corporation</u> (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
First organized, formed or incorporated under the laws of
on <u>10/29/2013</u> (date of organization, formation or incorporation)
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization : ASAP Lab, LLC
(Enter Name of Florida Limited Liability Company)
4. If not effective on the date of filing, enter the effective date:

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

<u>Note:</u> 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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.



Signed this day ofAugust	20_18	
Signature of Authorized Representative of Lin		
Signature of Authorized Representative: Que Printed Name: Arthur Schuur	Title: President of Sole Member	` 1
Signature(s) on behalf of Other Business Entity:		
Signature: Mu Schur Printed Name: Arthur Schnur	Title: President	-
Signature: Printed Name:		
Signature:		
Printed Name:	Title:	
Signature: Printed Name:		
Signature: Printed Name:		
Printed Name:	Title:	
Signature:		
Signature: Printed Name:	Títle:	
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or If Directors or Officers have not been selected, an In		8 AUG 23
If Florida General Partnership or Limited Liabili Signature of one General Partner.	ity Partnership:	19
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:	هري هم ۲۷
<u>All others:</u> Signature of an authorized person.		
Fees:		
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	

.

.

.

· · ·

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ASAP Lab, LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.)

ARTICLE II - Address:

LOCC

. . .

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

3601 West Commercial Rhyd 3601 West Commercial Rhyd	Principal Office Address:	Mailing Address:
Joor west commercial blvd. Joor west commercial blvd.	3601 West Commercial Blvd.	3601 West Commercial Blvd.
Suite 34 Suite 34	Suite 34	Suite 34
Fort Lauderdale, FL 33309 Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309	Fort Lauderdale, FL 33309

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:

Corporation Service Con	noanv'	SEC	18/	
<u></u>	Name		AUG 2 3	
1201 Hays Street. Florida street addres	s (P.O. Box <u>NOT</u> acceptable)	_	Ait	
Tallahasse	FL 32301	.*	9. 19.	•
City	Zip	-	~3	

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.. Corporation Service Company

Emily Croft Asst. Vice President Registered Agent's Signature (REOUIRED)

(CONTINUED)

ARTICLE IV-

. .

•

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

.

· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · ·
	0) (1)
.	AH 9:
	() 2 2
<u>. </u>	. <u></u>
of a member Statutes. I am awa tutes a third degree	ire that : felony
1	of a member Statutes. I am awa

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)