

M04/000003884

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2004 SEP 20 P 2:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

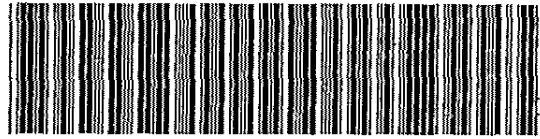
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
M04-31749  
ALI

Office Use Only



100039995381

08/16/04--01073--015 \*\*87.50

09/20/04--01004--004 \*\*72.50



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 23, 2004

TIM SCOTT  
P.O. BOX 52046  
KNOXVILLE, TN 37950-2046

SUBJECT: SCOTT LABORATORY SOLUTIONS, LLC  
Ref. Number: W04000031749

We have received your document for SCOTT LABORATORY SOLUTIONS, LLC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

Limited Liability Companies are not corporations. Limited Liability Companies are unique business entities with special characteristics and attributes formed under Chapter 608, Florida Statutes. Corporations, on the other hand, are formed under Chapter 607, Florida Statutes, and possess other distinctive traits and characteristics. Consequently, limited liability company documents cannot contain any references/terms which may implicate the entity is a corporation. Please delete any references to the term "corporation" or the like from your document.

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$72.50.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt  
Document Specialist

Letter Number: 704A00051331

**SCOTT LABORATORY  
SOLUTIONS, LLC**

PO BOX 52046, KNOXVILLE, TN 37950-2046

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

August 31, 2004

Registration Section  
Division of Corporations  
409 E Gaines Street  
Tallahassee, FL 32399

Ref #: W04000031749  
Letter #: 704A00051331

Dear Sir or Madam:

Enclosed are the proper documents to register Scott Laboratory Solutions, LLC. We have also included the balance due of \$72.50 with the documents.

Thank you for your help on this matter. We appreciate greatly.

If you have any questions please do not hesitate to call me.

Sincerely,



Erik Ella  
Chief Financial Officer

Cc: Tim Scott, President

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Scott LABORATORY Solutions, Limited Liability Company  
(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," 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:

Tim Scott  
(Name of Person)  
Scott LABORATORY Solutions, LLC  
(Firm/Company)  
PO BOX 50046  
(Address)  
Knoxville TN 37950-2046  
(City/State and Zip code)

For further information concerning this matter, please call:

Tim Scott at ( 865 ) 539-9112  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines St.  
Tallahassee, FL 32399

**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

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TRANSMITTAL LETTER

2004 SEP 20 P 2: 42

TO: Registration Section  
Division of Corporations

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

SUBJECT: Scott LABORATORY Solutions LLC  
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Tim Scott  
(Name of Person)

Scott LABORATORY Solutions LLC  
(Firm/Company)

PO Box 52046  
(Address)

KNOXVILLE TN 37950-2046  
(City/State and Zip Code)

For further information concerning this matter, please call:

Tim Scott at ( 865 ) 539-9112  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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
- \$160.00 Filing Fee, Certificate of Status & Certified Copy

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2004 SEP 20 P 2:42

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

SECRETARY OF STATE TALLAHASSEE, FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Scott Laboratory Solutions LLC (Name of Foreign Limited Liability Company)

2. Tennessee (Jurisdiction under the law of which foreign limited liability company is organized) 3. 20-1413282 (FEI number, if applicable)

4. 7-19-04 (Date of Organization) 5. Perpetual (Duration: Year limited liability company will cease to exist or "perpetual")

6. UPON Qualification (Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 7216 Ball CAMP Pike Knoxville TN 37931 (Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here [X]

9. The name and usual business addresses of the managing members or managers are as follows:

Tim Scott - 7216 Ball CAMP Pike Knoxville TN 37931

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: To sell +

Install Laboratory Casework

Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Tim Scott Typed or printed name of signee

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT  
TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF  
FLORIDA.

1. The name of the Limited Liability Company is:

Scott Laboratory Solutions, LLC

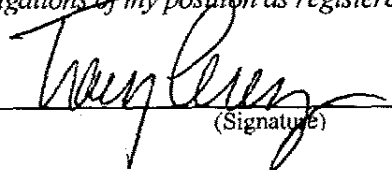
2. The name and the Florida street address of the registered agent and office are:

TRACY KREEZ  
(Name)

4540 TreeLine Drive  
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Pensacola FL 32504  
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 608, Florida Statutes.*

  
(Signature)

- \$ 100.00 Filing Fee for Application
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (optional)
- \$ 5.00 Certificate of Status (optional)