

M12000001021

(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:

Office Use Only

EXAMINER

FEB 23 2012

G. MCLEOD



100214728151

12/01/11--01013--016 **87.50

02/22/12--01014--003 **42.50

707

FILED
12 FEB 22 PM 12:14
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W11-11507-111



FLORIDA DEPARTMENT OF STATE
Division of Corporations

December 2, 2011

TRACY CHENG
4134 S ALSTON AVE STE 107
DUNRHAM, NC 27713

SUBJECT: ANDOR LABS, LLC
Ref. Number: W11000060577

We have received your document for ANDOR LABS, LLC and check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned to you for the following reason(s):

There is a balance due of \$42.50. Refer to the attached fee schedule for a breakdown of the fees. Please return a copy of this letter to ensure your money is properly credited.

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

The certificate of existence must be issued within the last 90 days by the Secretary of State which has custody of the records in the jurisdiction under the laws of which the above listed entity is incorporated/organized.

Please return 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) 245-6851.

Gina McLeod
Regulatory Specialist II

Letter Number: 411A00027028

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Andor Labs, 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:

Tracy Cheng

Name of Person

Andor Labs, LLC.

Firm/Company

4134 S. Alston Ave. Ste 107

Address

Durham, NC 27713

City/State and Zip Code

info@andorlabs.com

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

For further information concerning this matter, please call:

Tracy Cheng

Name of Person

at (919)

806-8800

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

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

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

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

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

1. Andor Labs, LLC.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Delaware 3. 26-2911443
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 27th, 2008 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")

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

7. 4134 S. Alston Ave. Ste. 107
Durham, NC 27713
(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:
Tracy Cheng, 925 Ambrosia Dr., Las Vegas, NV 89138

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: Diagnostic
Laboratory

Tracy Cheng
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. 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.)

Tracy Cheng
Typed or printed name of signee

FILED
12 FEB 22 PM 12:14
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

**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:

Andor Labs, LLC.

If unavailable, the alternate to be used in the state of Florida is:

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

Agents and Corporations, Inc.

(Name)

300 Fifth Avenue South, Suite 101-330

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

Naples

FL

34102

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.

AGENTS AND CORPORATIONS, INC.

By: John L. Williams

(Signature)

Name: John L. Williams

Title: Vice President

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

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State of Delaware

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 898
DOVER, DELAWARE 19903

120092856

9871744

02-10-2012

TRACY CHENG

4134 S. ALSTON AVE., STE 107

DURHAM

NC 27713

ATTN: FRANK MAURIO X

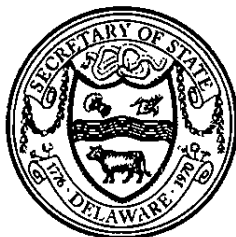
DESCRIPTION	AMOUNT
ANDOR LABS, LLC	
4568336 8300 Certificate in Re Short	
Certification Fee	50.00
FILING TOTAL	50.00
TOTAL PAYMENTS	50.00
SERVICE REQUEST BALANCE	.00

Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ANDOR LABS, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TENTH DAY OF FEBRUARY, A.D. 2012.



4568336 8300

120092856

You may verify this certificate online
at corp.delaware.gov/authver.shtml


Jeffrey W. Bullock, Secretary of State
AUTHENTICATION: 9356837

DATE: 02-10-12