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Certified Copies	Certificates	of Status
Special Instructions to Fili	ng Officer:	
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SECRETARY OF STATE

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Hargrove Life Sciences	s, LLC
Nam	e of Limited Liability Company
	lity Company for Authorization to Transact Business in Florida," Certificate of ove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this mat	ter to the following:
Donna Jefcoat	
	Name of Person
Hargrove Life Sciences, Ll	_C
	Firm/Company
20 S Royal Street	
	Address
Mobile, AL 36602	
	City/State and Zip Code
djefcoat@hargrove-ep	C.COM be used for future annual report notification)
E-man address. (to	to be used for fature annual report northeatton)
For further information concerning this matter, pleas	e call:
Donna Jefcoat	_{at (} 251) 375-5597
Name of Person	Area Code & Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	STREET ADDRESS: Division of Corporations Registration Section Clifton Building
Tallahassee, FL 32314	2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amoun \$125.00 Filing Fee Certificate of State	& \$\Bigcip\$155.00 Filing Fee & \$\Bigcip\$160.00 Filing Fee, Certificate

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

	Hargrove Life Sciences, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	-
co	f name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the onsent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liabitompany," "L.L.C," "LLC.")	
	Alabama (Jurisdiction under the law of which foreign limited liability company is organized) 3. 45-4921163 (FEI number, if applicable)	
4.	3-29-2012 (Date of Organization) 5. perpetual (Duration: Year limited liability company will cease to exist or "perpetual")	-
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	-
•	Mobile, AL 36602 (Street Address of Principal Office)	FILED
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows: James McM Backes, Jr, 20 S Royal Street, Mobile, AL 36602	-
the tra). Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of receiptistic on under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a anslation of the certificate under oath of the translator must be submitted.)	xords in
11	services and engage in any lawful act or activity for which limited liability companies are formed. 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 althird degree felony as provided for in s.817.155, F.S.) James McM Backes, Jr	

Typed or printed name of signee

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: Hargrove Life Sciences, LLC If unavailable, the alternate to be used in the state of Florida is:				
CT Corporation S	System			
	(Name)			
1200 S Pine Isla	and Rd			
Florida S	treet Address (P.O. Box NOT ACCEPTABLE)			
Plantation	_{FL} 33324			
	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.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

Nathan S. Giffin Asst. Secretary

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)

Beth Chapman Secretary of State P. O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Beth Chapman, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Hargrove Life Sciences, LLC was formed in Mobile County, Alabama on March 29, 2012. The Alabama Entity Identification number for this entity is 036-013. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.



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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

9/20/2012

Date

Beth Chapman

Beth Chapman

Secretary of State