

M14000001076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

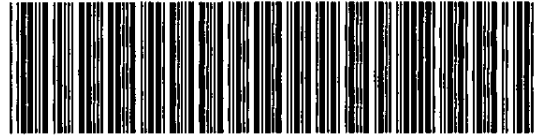
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900256242989

02/04/14--01023--005 **160.00

RECEIVED
FEB 10 2014
6:23 PM

J. Strivers FEB 14 2014

623



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 5, 2014

TIM SCOTT
PO BOX 52046
KNOXVILLE, TN 37950-2046

SUBJECT: SCOTT LABORATORY SOLUTIONS, L.L.C.
Ref. Number: W14000007465

We have received your document for SCOTT LABORATORY SOLUTIONS, L.L.C. and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.

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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 714A00002580

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SCOTT LABORATORY SOLUTIONS, L.L.C.
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, L.L.C.
Firm/Company
PO BOX 52046
Address
KNOXVILLE, TN 37950-2046
City/State and Zip Code
eella@scottlab.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TIM SCOTT at (865) 539-9112
Name of Person 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
TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 605.0902, 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, L.L.C.
(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. TENNESSEE 3. 20-1413282
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)


4. 2/1/14
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 7214 BALL CAMP PIKE
KNOXVILLE, TN 37931
(Street Address of Principal Office)

6. PO BOX 52046
KNOXVILLE, TN 37950-2046
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
TIM SCOTT MGR
PO BOX 52046
KNOXVILLE, TN 37950-2046

8. 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.)



Signature of an authorized person

(In accordance with section 605.0203, 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.)

TIM SCOTT

Typed or printed name of signee

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

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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, L.L.C.

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:

Corporation Service Company

(Name)

1201 Hays Street

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

Tallahassee

FL

32301

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, Florida Statutes.

Corporation Service Company

By: Terry Ferrentino

(Signature)

Terry Ferrentino

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

14 OCT 19 PM 1:29
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

TIM SCOTT
PO BOX 52046
KNOXVILLE, TN 37950

February 3, 2014

Request Type: Certificate of Existence/Authorization
Request #: 0119588

Issuance Date: 02/03/2014
Copies Requested: 1

Document Receipt

Receipt #: 1299561 Filing Fee: \$22.25
Payment-Credit Card - State Payment Center - CC #: 154188563 \$22.25

Regarding: SCOTT LABORATORY SOLUTIONS, LLC
Filing Type: Limited Liability Company - Domestic Control #: 473837
Formation/Qualification Date: 07/19/2004 Date Formed: 07/19/2004
Status: Active Formation Locale: TENNESSEE
Duration Term: Perpetual Inactive Date:
Business County: KNOX COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

SCOTT LABORATORY SOLUTIONS, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent corporation annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.


Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 005972328