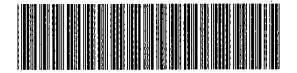
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MILLENNIUM LABORATORIES, LLC

TYPE OF FILING: QUALIFICATION

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RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

assie 4

#### COVER LETTER

TO:

Registration Section

Division of Corpo	orations	
SUBJECT:	Millennium Laboratories, LLC Name of Limited Liability Company	
The enclosed "Application be Existence, and check are sub-	by Foreign Limited Liability Company for Authorization to Transact Business in Florida," bmitted to register the above referenced foreign limited liability company to transact busing the company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business and the company to transact business are company to transact business are company to transact business and the company to transact business are company to transact business are company to transact business are company to transact business and the company to transact business are company to the company to t	Certificate of ness in Florida
Please return all corresponde	lence concerning this matter to the following:	
	Name of Person	
	Capitot Services - Corporate Filings Team Firm/Company	
<del></del>	800 Brazos Ste 400 Address	
	Austin TX 78701 City/State and Zip Code	
, <u>,, , , , , , , , , , , , , , , , , , </u>	mprice@millenniumlaboratories.com	-
For further information conc	E-mail address: (to be used for future annual report notification) cerning this matter, please call:	
	nt ( 800 ) 345-4647  Name of Contact Person Area Code Daytime Telephone Number	-
MAILING ADDR Division of Corpor Registration Sectio P.O. Box 6327 Tallahassee, FL 32	RESS: STREET ADDRESS: rations Division of Corporations on Registration Section Clifton Building	
Enclosed is a check for \$125.00 Filing F		

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

IN COMPLIANCE WITH SECTION 605,0902, PLORIDA STATULES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGH LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: 1. Millennium Laboratories, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") ML of Callfornia, LLC (If name unavailable, enter alternate name adopted for the purpose of transacting business in Florids 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," "LL.C.") California (Jurisdiction under the law of which foreign limited lishlift (FEI mumber, if applicable) company is organized) 4. Upon filing (Dute first transacted business in Florids, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 16981 Vla Tazon San Diego, CA 92127 (Street Address of Principal Office) 6. 16981 Via Tazon San Diego, CA 92127 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Millennium Lab Holdings, Inc., Member, 16981 Via Tazon San Diego, CA 92127 8. Attached is an original certificate of existence, no more than 90 days old, duty anthenticated by the official having ousted you frecontis in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the cartificate is in a foreign language, a iranslation 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 populities of perjury that the facts stated herein are true, I am aware that any false haformation submitted in a document to the Department of State constitutes a faird degree felony as provided for in s. \$17.155, F.S.) Heidi Smith, Authorized Person 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:
Millennium Laboratories, LLC
If unavailable, the alternate to be used in the state of Florida is:
ML of California, LLC
2. The name and the Florida street address of the registered agent and office are:
Capitol Corporate Services, Inc.
(Name)
155 Office Plaza Dr Ste A
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.
Gayle Windle, Asst. Sec. on behalf of Capitol Corporate Services, Inc.
\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional)

## State of California Secretary of State

#### CERTIFICATE OF STATUS

ENTITY NAME: MILLENNIUM LABORATORIES, LLC

FILE NUMBER:

201410110425

FORMATION DATE:

04/11/2014

TYPE:

DOMESTIC LIMITED LIABILITY COMPANY

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of April 11, 2014.

DEBRA BOWEN Secretary of State