

M14000004329

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

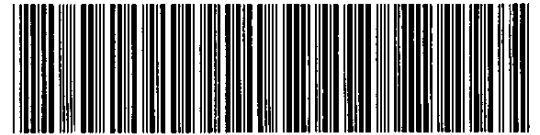
(Business Entity Name)

(Document Number)

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

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14 JUL - 9 AM 10:41

2014 JUL - 9 P 3:42

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. BOSTICK

JUL 10 2014

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 207965 7960465  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 55.00

ORDER DATE : July 8, 2014  
ORDER TIME : 4:0 PM  
ORDER NO. : 207965-005  
CUSTOMER NO: 7960465

FOREIGN FILINGS

NAME: ASSURANCE TOXICOLOGY SERVICES,  
LLC

☐ CORPORATE  
☐ LIMITED PARTNERSHIP  
☒ LIMITED LIABILITY COMPANY

XXXX AMENDMENT

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

☒ CERTIFIED COPY  
☐ PLAIN STAMPED COPY  
☐ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams -- EXT# 62935

EXAMINER: \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Assurance Toxicology Services, LLC  
Name of Foreign Limited Liability Company

Dear Sir or Madam:

The enclosed application, certificate and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Lorrie Voigt

Name of Person

GeneralCounselWest, P.C.

Firm/Company

32129 Lindero Canyon Rd, Suite 206

Address

Westlake Village, CA 91361

City/State and Zip Code

lorrie@generalcounselwest.com

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

For further information concerning this matter, please call:

Lorrie Voigt

at ( 818 ) 679-8500

Name of Person

Area Code & Daytime Telephone Number

### STREET/COURIER ADDRESS:

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

### MAILING ADDRESS:

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

Enclosed is a check for the following amount:

☐ \$25 Filing Fee

☐ \$30 Filing Fee &  
Certificate of Status

☒ \$55 Filing Fee &  
Certified Copy

☐ \$60 Filing Fee,  
Certificate of Status &  
Certified Copy

CR20055 (12/13)

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TALLAHASSEE, FLORIDA

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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT  
BUSINESS IN FLORIDA

SECTION I (1-3 must be completed)

1. Name of limited liability company as it appears on the records of the Florida Department of  
State: Assurance Toxicology Services, LLC

2. Jurisdiction of its organization: Delaware

M/4-4325

3. Date authorized to do business in Florida: June 18, 2014

SECTION II (4-7 complete only the applicable changes)

4. New name of the limited liability company: N/A  
(must contain "Limited Liability Company," "LLC," or "LLC")

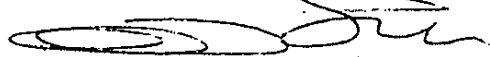
(If name unavailable, enter alternate name adopted for the purpose of transacting business in  
Florida and attach a copy of the written consent of the managers or managing members adopting  
the alternate name. The alternate name must contain "Limited Liability Company," "LLC,"  
or "LLC.")

5. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:  
N/A

6. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate  
that change: David Sack, President - 5000 E Spring St. Ste 650, Long Beach, CA

Rob Mahan, Secretary - 5000 E Spring St. Ste 650, Long Beach, CA 90815. \*\*PLEASE SEE 2ND PAGE

7. Attached is an original certificate, if required: no more than 90 days old, evidencing the  
aforementioned amendment(s), duly authenticated by the official having custody of records in the  
jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

David Sack

Typed or printed name of signer

Filing Fee: \$25.00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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**ADDENDUM TO APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE  
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT BUSINESS IN  
FLORIDA**

Limited Liability Company: Assurance Toxicology Services, LLC

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

**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:

ASSURANCE TOXICOLOGY SERVICES, 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:

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:

*Emily Gray*  
(Signature)

Emily Gray - Asst VP

\$ 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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TALLAHASSEE, FLORIDA

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