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(Re	questor's Name)	
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COVER LETTER

TO: Registration Section
Division of Corporations

The Elite Labs Group, PA, 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:

Mitchell Perlstein
Name of Person
Firm/Company
2769 E Atlantic Blvd
Address
Pompano Beach FL 33062
City/State and Zip Code
mperlstein@elitelabsllc.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Mitchell Perlstein 3680831
Name of Contact 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: \$\frac{1}{4}\$\$\$\$125.00 Filing Fee

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. The Elite Labs Group, PA, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company)	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Floric Liability Company," "L.L.C," or "L.L.C.")	da. The alternate name must include "Limited
2 Nevada 3 46	5247499
	I number, if applicable)
4. (Date first transacted business in Florida, if prior to registrate	ion
(See sections 605.0904 & 605.0905, F.S. to determine penalty	ion.) liability)
_{5.} 2769 E Atlantic Blvd	
Pompano Beach FL 33062	
(Street Address of Principal Office)	
6. 2769 E Atlantic Blvd	
Pompano Beach FL 33062	
7. The name, title or capacity and address of the person(s) who has/have	authority to manage is/are:
Mitchell Perlstein, Manager, 2769 E Atlantic Blvd Pom	pano Beach FL 33062
	<u> </u>
8. Attached is an original certificate of existence, no more than 90 days of having custody of records in the jurisdiction under the law of which it is a acceptable. If the certificate is in a foreign language, a translation of the control of the	organized. (A photocopy is not
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	he penalties of perjury that the facts stated herein are true.
am aware that any false information submitted in a document to the Department of State constitutes a third de	egree felony as provided for in s.817.155, F.S.)

Mitchell Perlstein

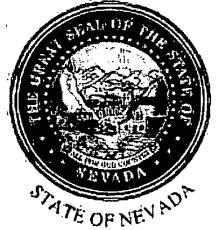
Typed or printed name of signee

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: The Elite Labs Group, PA, 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:	
Mitchell Perlstein	
(Name)	
2769 E Atlantic Blvd	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
Pompano Beach 33062	. 32 NM:
City/State/Zip	. I
Having been named as registered agent and to accept service of process for the above stated liability company at the place designated in this certificate, I hereby accept the appointment registered agent and agree to act in this capacity. I further agree to comply with the provision statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 605, Flo Statutes.	limited, as and ons of all
(Signature) \$ 100.00 Filing Fee for Application	
\$ \(\frac{1}{2} \)5.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional)	
\$ 50.00 Certificate of Status (optional)	

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, THE ELITE LABS GROUP, PA, LLC, as a limited liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since March 7, 2014, and is in good standing in this state.

NIVADA NIVADA

Electronic Certificate
Certificate Number: C20140624-2314
You may verify this electronic certificate
online at http://www.nvsos.gov/

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office on June 24, 2014.

ROSS MILLER Secretary of State