# M/5000002374

| (Re                     | equestor's Name)   |                 |
|-------------------------|--------------------|-----------------|
| (Ad                     | ldress)            |                 |
| (Ad                     | ldress)            |                 |
| (Cil                    | ty/State/Zip/Phone | <del>=</del> #) |
| PICK-UP                 | ☐ WAIT             | MAIL            |
| (Bu                     | siness Entity Nar  | ne)             |
| (Do                     | cument Number)     | <del></del>     |
| Certified Copies        | _ Certificates     | of Status       |
| Special Instructions to | Filing Officer:    |                 |
|                         |                    |                 |
|                         |                    |                 |
|                         |                    |                 |
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SECTION OF STAIR

MAR 3 0 2015 CARROTHERS

#### **COVER LETTER**

|             | Registration Section<br>Division of Corporation  | S   |   |   |
|-------------|--|---|---|---|
| SUBJEC      | Select Toxico  | logy Laboratory, I  | _imited Liability Co  | ompany  |
| SUBJEC      |  | Name of Limite  | d Liability Company   | ··········  |
|             |  |   |   | ansact Business in Florida," Certificate of company to transact business in Florida |
| Please ret  | urn all correspondence co  | oncerning this matter to the  | following:  |   |
|             | Dan Kn   | esel  |   |   |
|             |  | N   | ame of Person   |   |
|             | Select L   | aboratory P   | artners   |   |
|             |  | Fi  | irm/Company   |   |
|             | 1100 Re  | evolution Mil   | l Drive   |   |
|             |  |   | Address   |   |
|             | Greensl  | ooro, NC 274  | 405   |   |
|             |  | City/S  | tate and Zip Code   |   |
|             | dknesel  | @slplabs.co   | m   |   |
|             |  | E-mail address: (to be used   | d for future annual report notific  | cation)   |
| For furthe  | r information concerning   | this matter, please call:   |   |   |
| _           | Dan Knesel   |   | at(336)510.   | 1120 ext 333  |
|             | Name of  | Contact Person  | Area Code Da  | aytime Telephone Number   |
| 1<br>F<br>F | MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Fallahassee, FL 32314 | Division<br>Registra<br>Clifton<br>2661 E:  | et Address:  n of Corporations ation Section Building xecutive Center Circle ssee, FL 32301 |   |
|             | d is a check for the fo<br>☐ \$125.00 Filing Fee   | bllowing amount: \$\mathbb{\mat | □ \$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:

| Florida. The alternate name must include "Limited  -1719862 (FEI number, if applicable)  stration.) alty liability)    |
|--|
| (FEI number, if applicable)  |
| (FEI number, if applicable)  |
| stration.)<br>alty liability)  |
| stration.)<br>alty liability)  |
|  |
|  |
|  |
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|  |
|  |
| ave authority to manage is/are:  |
| ro, NC 27405   |
| Ocala, FL 34470  |
|  |
| s old, duly authenticated by the official is organized. (A photocopy is not e certificate under oath of the translator |
|  |

Dan Knesel

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.

| The name of the Limited Liability Company is:  Select Toxicology Laboratory, LLC | S MAR TO |
|--|----------|
| If unavailable, the alternate to be used in the state of Florida is:             | PH 3: 10 |
|  | 3.5      |

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

| William Waddington, III |  |  |  |  |  |
|-------------------------|--|--|--|--|--|
|                         | (Name)                                   |  |  |  |  |
| 4901 NE 5               | ith St Rd                                |  |  |  |  |
| Florida                 | Street Address (P.O. Box NOT ACCEPTABLE) |  |  |  |  |
| Ocala                   | 34470<br>FL                              |  |  |  |  |
|                         | City/State/Zin                           |  |  |  |  |

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.

(Signature)

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

## All Business Documents

2520 Gough Street San Francisco, CA 94123 855-771-2477

February 25, 2015

Judy Brown PO Box 13029 Greensboro, NC 27415

Re: Delaware Good Standing Certificate

Ms. Brown:

Enclosed is a Good Standing Certificate issued by the Delaware Secretary of State on February 25, 2015, for Select Toxicology (STL) LLC. A scanned copy of the certificate was emailed to judyb514@gmail.com on February 25, 2015.

It has been our pleasure doing business with you. Let us know if we can be of further assistance.

Thanks for your business.

Steve Eckert
All Business Documents, Inc.
corpServices@allBizDocs.com

# Delaware

PAGE 1

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "SELECT TOXICOLOGY LAB (STL), LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF FEBRUARY, A.D.

2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "SELECT TOXICOLOGY LAB (STL), LLC" WAS FORMED ON THE TWELFTH DAY OF AUGUST, A.D. 2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

5382098 8300

150262826

Jeffrey W. Bullock, Secretary of State

AUTHENT\CATION: 2149242

DATE: 02-25-15

You may verify this certificate online at corp.delaware.gov/authver.shtml