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(Address)

(Address)

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TALLAHASSEE, FLORIDA

JUN 26 2015

Y SULKER

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: LABSOLUTIONS, 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.

HEMANGINI JARIWALA

Name of Person

LABSOLUTIONS, LLC

Firm/Company

1451 NORTHSIDE DRIVE, NW

Address

ATLANTA, GA 30318

City/State and Zip Code

SONAL@LABSOLUTIONS.COM

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

For further information concerning this matter, please call:

HEMANGINI JARIWALA

404

358-2203

at (_____) _____

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.

☐ \$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. LabSolutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
LabSolutions of GA
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")
2. GEORGIA 3. 46-2923925
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)
4. NA
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 1451 NORTHSIDE DRIVE NW
ATLANTA, GA 30318
(Street Address of Principal Office)
6. PO BOX 82760
HAPEVILLE, GA 30354
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: HEMANGINI JARIWALA

Office Address: 12500 SW 151ST STREET, APT 147
MIAMI, Florida 33186
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Hemangini Jariwala
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

HEMANGINI JARIWALA, CFO, 12500 SW 151ST STREET, APT 147, MIAMI, FL 33186

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

Hemangini Jariwala
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.)

HEMANGINI JARIWALA/ CFO

Typed or printed name of signee

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2015 JUN 25 AM 9:11
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DEPARTMENT OF
STATE
TALLAHASSEE, FLORIDA

STATE OF GEORGIA

Secretary of State
Corporations Division
313 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CONTROL NUMBER : 13210199
DATE INC/AUTH/FILED : February 13, 2013
JURISDICTION : Georgia
PRINT DATE : June 22, 2015

CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

LABSOLUTIONS LLC
A Domestic Limited Liability Company

was formed in the jurisdiction stated above or was authorized to transact business in Georgia on the above date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



B. P. Kemp

Brian P. Kemp
Secretary of State



Brian P. Kemp
Secretary of State

STATE OF GEORGIA
2015 Corporation Annual Registration

OFFICE OF THE SECRETARY OF STATE
Annual Registration Filing
P.O. Box 23038
Columbus, Georgia 31902-3038

Secretary of State
Control No.: 13210199
Date Filed: 6/17/2015 2:46:50 PM

Information on record as of: 2:46:51 PM

Entity Control No.: 13210199

Amount Due: \$75.00

Amount Due AFTER April 1, 2015: \$75.00

LABSOLUTIONS LLC
1451 Northside Dr. NW
1130 Hurricane Shoals Rd. NE
Atlanta, Georgia 30318

Each business entity registered or filed with the Office of Secretary of State is required to file an annual registration. Amount due for this entity is indicated above and below on the remittance form. Annual fee is \$50. If amount is more than \$50, the total reflects amount(s) due from previous year(s) and any applicable late fee(s). **Renew by April 1, 2015** Your Annual Registration must be postmarked by April 1, 2015. If your registration and payment are not postmarked by April 1, 2015, you will be assessed a \$25.00 late filing penalty fee.

For faster processing, we invite you to file your Annual Registration online with a credit card at <http://www.sos.ga.gov/corporations/>. The Corporations Division accepts Visa, MC, Discover, American Express and ATM/Debit Cards with the Visa or MC logo for online filings only. Annual Registrations not processed online require payment with a check, certified bank check or money order. **We cannot accept cash for payment.**

You may mail your registration in by submitting the bottom portion of this remittance with a check or money order payable to "Secretary of State". **All checks must be pre-printed with a complete address in order to be accepted by our offices for your filing. Absolutely, no counter or starter checks will be accepted. Failure to adhere to these guidelines will delay or possibly reject your filing.** Checks that are dishonored by your bank are subject to a \$30.00 NSF charge. Failure to honor your payment could result in a civil suit filed against you and/or your entity may be Administratively Dissolved by the Secretary of State. [See O.C.G.A. § 13-6-15 and Title 14, respectively.]

Officer, address and Agent information currently of record is listed below. Please verify "county of registered office." If correct and complete, detach bottom portion, sign, and return with payment. Or, enter changes as needed and submit. Complete each line, even if the same individual serves as Chief Executive Officer, Chief Financial Officer, and Secretary of the corporation.

Note: Registered Agent address must be a street address in Georgia where the agent may be served personally. A mail drop or P.O. Box does not comply with Georgia law for registered office. P.O. Boxes may be used for principal office and officers' addresses.

Any person authorized by the entity to do so may sign and file registration (including online filing). Additionally, a person who signs a document submits an electronic filing he or she knows is false in any material respect with the intent that the document be delivered to the Secretary of State for filing shall be guilty of a misdemeanor and, upon conviction thereof, shall be punished to the highest degree permissible by law. [O.C.G.A. § 14-2-129.]

Please return **ONLY** the original form below and applicable fee(s). For more information on Annual Registrations or to file online, visit <http://www.sos.ga.gov/corporations/>. Or, call 404-656-2817.

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
LABSOLUTIONS LLC	548 Ponce De Leon Ave NE	atlanta	GA	30308
ORG: Minal Patel	438 Porsche Ave	Hapeville	Georgia	30354

THE ABOVE INFORMATION HAS BEEN UPDATED TO:

CORPORATION NAME	ADDRESS	CITY	STATE	ZIP
LABSOLUTIONS LLC	1451 Northside Dr. NW, 1130 Hurricane Shoals Rd. NE	Atlanta	Georgia	30318
ORG: Minal Patel	438 Porsche Ave	Hapeville	Georgia	30354

AGT: Yussuf Abdel-aleem	1130 Hurricane Shoals Rd. NE, Ste. 2600	Lawrenceville	Georgia	30043
I CERTIFY THAT I AM AUTHORIZED TO SIGN THIS FORM AND THAT THE INFORMATION IS TRUE AND CORRECT.	P.O. BOX NOT ACCEPTABLE FOR REGISTERED AGENT'S ADDRESS	COUNTY OF REGISTERED OFFICE:	Gwinnett County	
AUTHORIZED SIGNATURE: Sonal Patel		Date: 6/17/2015 2:46:50 PM	Total Due:	
Title: CFO	Email: sonalnarottam@hotmail.com	\$75.00		

BR201 2015 Corporation Annual Registration

153 132101991 0050009 LABSOLUTIONSLLC000001 201504014 0075000