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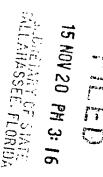
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COVER LETTER

TO:

Registration Section

Div	ision of Corporatio	ns				
SUBJECT:	Novus Laboratories					~
		Name of	Limited Liability	Company		
		reign Limited Liability Comp ed to register the above refer				
Please return	all correspondence	concerning this matter to the	following:			
	Autumn Piccol	o				
		N	ame of Person			-
	Florida Health	care Law Firm				
		Fi	irm/Company			-
	909 SE 5th Ave	enue Suite 200				
	.		Address			-
	Delray Beach,	FL 33486				
		City/S	tate and Zip Code			-
	. apiccolo@florida	healthcarelawfirm.com				
t	•	E-mail address: (to be used	d for future annual	report not	ification)	-
For further in	nformation concernin	g this matter, please call:				
Aut	tumn Piccolo		561 at (455-77	00 x 12	
	Name o	of Contact Person	Area Code	Day	time Telephone Number	
Div Reg P.O	ision of Corporations sistration Section Box 6327 lahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section uilding centive Center Circle iee, FL 32301	
	check for the follow 125.00 Filing Fee	ing amount: \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filir Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co	



FLORIDA DEPARTMENT OF STATE Division of Corporations

FRECEIVED

15 NOV 20 AM 10: 51

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

September 30, 2015

AUTOMN PICCOLO FLORIDA HEALTH CARE LAW FIRM 909 SE 5TH AVENUE SUITE 200 DELRAY BEACH, FL 33486 US

SUBJECT: NOVUS LABORATORIES, LLC

Ref. Number: W15000065136

We have received your document for NOVUS LABORATORIES, LLC and your check(s) totaling \$125.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 115A00020706

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:

(If name unavailable, enter al Liability Company," "L.L.C,	ternate name adopted for the purpose	e of trar	sacting busines	s in Florida. Tl	ne alternate nan	ne must incl	ude "Lii	mited
2. Virginia	,	3	45-5000813					
(Jurisdiction under the law company is organized)	of which foreign limited liability	٥.	,	(FEI numbe	r, if applicable)		
4. <u>n/a</u>				•				
4	(Date first transacted busine	ss in Fl	orida, if prior to	registration.)	1.0	- .		
5. 14270 Lee Highway	(See sections 605.0904 & 605.	.0903, r 	.s. to determine	penany naom		_		
Bristol, VA 24202	•							
	(Street Address of I	Principa	l Office)			_		
6. 14270 Lee Highway			· · · · · · · · · · · · · · · · · · ·			_		
Bristol, VA 24202				"				
	(Mailing	Address)			_		
7 Name and street addres	ss of Florida registered agent: (P.	O. Bot	NOT accent	able)		-		
	Florida Healthcare Law Firm	.0.20	. <u></u>			Ĕ.		
Name: Office Address:	909 SE 5th Avenue Suite 200			- .		LAH	5 NO	** ***
	Delray Beach			_ _ , Florida <u></u>	486	ASS	V 2(English and
	(City)			_, Florida	(Zip code)		70	program.
designated in this applica	gistered agent and to accept servition, I hereby accept the appoint	tment a	s registered a	gent and agr	ee to act in th	is cepacity	. L furi	thër agree
	ons of all statutes relative to the my position as registered agent.	proper	and complete	per formanc	e of my duties	s, and I am	. yu mui	iar wiin ai
	(Regist	tered ag	ent's signature)			- .		
8 The name title or can	acity and address of the person(s)	vzebo b	ac/have author	ity to manage	ic/are			
Tera Whitney Bowers-Co		MATO 21	as navo aamoi	ny to themage	, 10, 010.			
								
				<u> </u>				
9. Attached is a certificate	of existence, no more than 90 da	avs old.	duly authentic	cated by the o	fficial having	custody of	record	ls in the
jurisdiction under the law	of which it is organized. (If the c	ertifica	te is in a forei	gn language,	a translation o	f the certifi	cate ur	ider oath
of the translator must be s	ubmitted)	<i>†</i>		1	·-			
	- cu	XX	414-1	Coul	W	-		
	Signature	of an a	uthorized person	n			`	
	d in accordance with section 605.0 the Department of State constitu						rmatio	n

Bowers-Couter
Typed or printed name of signee

Commonwealth of Hinginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Novus Laboratories LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is April 9, 2012; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: October 20, 2015

Joel H. Peck, Clerk of the Commission

CISECOM

Document Control Number: 1510205969