# 1416000000587

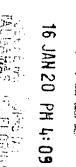
| (Requestor's Name)                      |                   |                 |  |  |  |  |
|---|-------------------|-----------------|--|--|--|--|
| (Address)                               |                   |                 |  |  |  |  |
| . (Address)                             |                   |                 |  |  |  |  |
| (Cit                                    | y/State/Zip/Phone | <del>e</del> #) |  |  |  |  |
| PICK-UP                                 | WAIT              | MAIL            |  |  |  |  |
| (Business Entity Name)                  |                   |                 |  |  |  |  |
| (Document Number)                       |                   |                 |  |  |  |  |
| Certified Copies                        | _ Certificates    | of Status       |  |  |  |  |
| Special Instructions to Filing Officer: |                   |                 |  |  |  |  |
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W15-82916

#### **COVER LETTER**

|  | sistration Section<br>ision of Corporation    | s   |                                    |  |   |            |  |  |
|--|---|---|------------------------------------|--|---|------------|--|--|
| SUBJECT:   | Genesis Laboratories                          | s International, LLC  |                                    |  |   |            |  |  |
| Name of Limited Liability Company  |   |   |                                    |  |   |            |  |  |
|  |   |   |                                    |  | nsact Business in Florida," Certific<br>company to transact business in F |            |  |  |
| Please return  | all correspondence c                          | oncerning this matter to the I  | following:                         |  |   |            |  |  |
|  | Tyrone Cherry                                 |   |                                    |  |   |            |  |  |
|  |   | Na  | ime of Person                      |  |   |            |  |  |
|  | Genesis Laboratories International, LLC       |   |                                    |  |   |            |  |  |
|  |   | Fic   | rm/Company                         |  |   |            |  |  |
|  | 4360 Oakes Roa                                | 4360 Oakes Road Suite 609   |                                    |  |   |            |  |  |
|  | Address                                       |   |                                    |  |   |            |  |  |
|  | Davie, Fl 33314                               | <b>,</b>  |                                    |  |   |            |  |  |
|  |   | City/St   | ate and Zip Code                   |  |   |            |  |  |
|  | TY@GenesisLab                                 | oratories.com   |                                    |  |   |            |  |  |
|  |   | E-mail address: (to be used   | for future annual                  | report not   | ification)  |            |  |  |
| For further in   | nformation concerning                         | g this matter, please call:   |                                    |  |   |            |  |  |
| Ту   | rone Cherry                                   |   | 561                                | 542-99   | 77  |            |  |  |
|  | Name o  | f Contact Person  | Area Code                          | Day  | time 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 |                                    | of Corporations<br>on Section<br>uilding<br>cutive Center Circle |   |            |  |  |
|  | a check for the follow<br>\$125.00 Filing Fee | ing amount:  \$\Bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}   | □ \$155.00 Filin<br>Certified Copy | ıg Fee &   | □ \$160.00 Filing Fee, Certificat of Status & Certified Copy              | i <b>c</b> |  |  |



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

December 30, 2015

TYRONE CHERRY

4360 OAKES ROAD SUITE 609 DAVIE, FL 33314

SUBJECT: GENESIS LABORATORIES INTERNATIONAL, LLC

Ref. Number: W15000082914

2016 JAN 20 PM 4: 55

We have received your document for GENESIS LABORATORIES INTERNATIONAL, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

Please return your document, along with 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: 715A00027134

### 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 BI ISINESS. IN THE STATE OF FLORIDA:

| Genesis Laboratories In (Name of Fore                | ign Limited Liability Company; mu                                       | ust include "Limited Li   | ability Company," "L.L.C.," or    | "LLC.")  |
|--|---|---------------------------|-----------------------------------|--|
| Genesis Labs Int'l, LLC                              | ,                                 |                           |                                   | ,  |
|  | ternate name adopted for the purpos                                     | se of transacting busine  | ess in Florida. The alternate nar | ne must include "Limited   |
| iability Company," "L.L.C,' Wyoming                  | or LLC. )   | 46-4326607                |                                   |  |
| (Jurisdiction under the law                          | of which foreign limited liability                                      | 3. 40-4320007             | (FEI number, if applicable        | )  |
| company is organized)                                |   |                           |                                   |  |
| At application                                       | (Date first transacted busin  | ess in Florida, if prior  | to registration.)                 | <u></u>  |
| 4260 O. L. D. 10 %                                   | (See sections 605.0904 & 605  | 5.0905, F.S. to determine | ne penalty liability)             |  |
| 4360 Oakes Road Suite                                | e 609   |                           |                                   | _  |
| Davie, FL 33314                                      |   |                           |                                   |  |
| ,  | (Street Address of  | Principal Office)         |                                   | _  |
| 4360 Oakes Road, Suite                               | e 609   |                           |                                   | <del>-</del>   |
| Davie, FL 33314                                      |   |                           |                                   |  |
|  | (Mailing  | (Address)                 |                                   | - 2  |
| . Name and street addres                             | s of Florida registered agent: (P                                       | P.O. Box NOT accer        | otable)                           | 6  |
|  | Tyrone Cherry   | <u></u>                   |                                   | A  |
| Name:  |   | <del></del>               | <del></del>                       | SS: 20   |
| Office Address:                                      | 904 Windermere way  |                           | ·····                             |  |
|  | Palm beach gardens,   |                           | , Florida 33418                   | PH 4:  |
|  | (City)  |                           | (Zip code)                        | . 09   |
| Registered agent's accept<br>Having been named as re | tance:<br>gistered agent and to accept ser                              | rvice of process for t    | he above stated limited liab      | ility company at the place   |
| lesignated in this applical                          | tion, I hereby accept the appoin  | ntment as registeped      | agent and agree to act in th      | is capacity. I further agree   |
|  | ons of all statutes relative to the<br>my position as registered agent. |                           | te perjormance oj my autie:       | s, ana i am jamiliar wiin al   |
|  | Jan .   | 1//                       | AMBR                              |  |
|  | (Regis  | stered agent's aignature  |                                   | <del>_</del>   |
| The name title or cand                               | icity and address of the person(s                                       | a) subo bos/bávía autho   | oritu tā mainakā islara 100 a.    | . 1 .  |
|  | lermere way, palm beach garden  |                           | I the so-                         | n per hax  |
| Tyrone Cherry, 304 Wind                              | crinere way, pann beach garden  | 13, 1 12 33 416           | 101 NOVOLO MASON                  | 2 TO THAT  |
|  |   | <del> </del>              |                                   | - Annual Control of the Control of t |
|  |   |                           |                                   |  |
|  | C ' 4   |                           | . A. d b. db CC - 1 b             | austadu afuacanda in tha   |
|  | of existence, no more than 90 do<br>of which it is organized. (If the o |                           |                                   |  |
| of the translator must be su                         |   | n //                      | ,                                 |  |
|  | terane  | 1/0                       | S                                 |  |
|  | Signature   | re of an authorized pers  | gh .                              | _  |
| This document is executed                            | I in accordance with section 605.                                       | .0203 (1) (b), Florids    | Statutes. I am aware that an      | y false information  |
| ubmitted in a document to                            | the Department of State constit   | utes a third degree fe    | elony as provided for in s.812    | 7.155, F.S.  |
|  | Tyrone Cherry   |                           |                                   |  |

Typed or printed name of signee

## STATE OF WYOMING Office of the Secretary of State

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

# Genesis Laboratories International, LLC is a Limited Liability Company

formed or qualified under the laws of Wyoming did on **November 13, 2013**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2013-000653813**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 14th day of December, 2015 at 9:06 PM. This certificate is assigned 019074733.

Secretary of State

Notice: A certificate issued electronically from the Wyoming Secretary of State's web site is immediately valid and effective. The validity of a certificate may be established by viewing the Certificate Confirmation screen of the Secretary of State's website http://wyobiz.wy.gov and following the instructions displayed under Validate Certificate.