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# THE SANDERS LAW FIRM, P.C.

Atlanta

Savannah

Birmingham

Jacksonville

(404) 806-5575

3127 Maple Drive NE Atlanta, Georgia 30305 (866) 871-2238 Fax

jmustari@southernhealthlawyers.com

February 18, 2016

### **VIA OVERNIGHT COURIER**

Florida Department of State Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Re: Application by Foreign Limited Liability Company for

Authorization to Transact Business in Florida
Entity Names: Southeast Lab Services, LLC and
Lab Services of Georgia, LLC

To Whom It May Concern,

Enclosed herewith for filing please find an original and one (1) copy of Applications by Foreign Limited Liability Company for Authorization to Transact Business in Florida (the "Applications") for the following two (2) Georgia domestic limited liability companies: (i) Southeast Lab Services, LLC; and (ii) Lab Services of Georgia, LLC. Also enclosed are Certificates of Existence for both entities, together with checks for the applicable filing fee.

Please file the original Applications and return an additional "filed" stamped copy of each Application in the self-addressed, postage prepaid envelope enclosed for your convenience.

Thank you for your assistance in this matter. Should you have any questions regarding the enclosed, please feel free to contact me directly at (404) 806-5575.

Sincerely,

THE SANDERS LAW FIRM, P.C.

Jeffrey M. Mustari

**Enclosures** 

# **COVER LETTER**

TO:

	Registration Section <sup>,</sup> Divis <mark>ion of Corporation</mark>	 \$					
SUBJEC	Southeast Lab Scrvie	ces, LLC					
		Name of	Limited Liability C	ompany			
					ansact Business in Florida," Ce y company to transact business		
Please ret	um all correspondence c	oncerning this matter to the	following:				
	Jonathan Clay						
		N	ame of Person				
	Southeast Lab S	Services, LLC					
		Fi	rm/Company				
	2870 Peachtree	Road NW, Suite 885					
	<del> </del>		Address				
	Atlanta, Georgia	a 30305					
	<del></del>	City/S	tate and Zip Code				
	jclay@selabventu	ires.com					
	****	E-mail address: (to be used	for future annual	report not	ification)		
For further	er information concerning	this matter, please call:					
	Richard D. Sanders		404 at (	806-55	75		
-	Name o	f Contact Person	Area Code	Day	rtime Telephone Number		
I F	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exe	of Corporations ion Section duilding ecutive Center Circle see, FL 32301		
	is a check for the follow □ \$125.00 Filing Fee	ing amount:  \$\Boxed{\text{\$\$}\ext{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\exiting{\$\text{\$\text{\$\text{\$\$\text{\$\exititt{\$\text{\$\exititt{\$\text{\$\text{\$\text{\$\text{\$\text{\$\text{\$\}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}}	S155.00 Filing Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate	

# APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6050902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Fore	ign Limited Liability Company; must include "Limited Liab	ility Company," "L.L.	.C" or "l	LLC.")	
f name unavailable, enter alt	ernate name adopted for the purpose of transacting business or "LLC.")	in Florida. The altern	ate name	must in	clude "Limited
Georgia	3.				
(Jurisdiction under the law ( company is organized)	of which foreign limited liability	(FEI number, if app	licable)		
Upon approval of Appl	ication for Registration.				
	(Date first transacted business in Florida, if prior to (See sections 605.0904 & 605.0905, F.S. to determine	registration.) penalty liability)			
2870 Peachtree Road N					٠
Atlanta, Georgia 30305					
	(Street Address of Principal Office)				
2870 Peachtree Road N	W, Suite 885				
Atlanta, Georgia 30305	5		٠.,	Čä	
<u></u>	(Mailing Address)				
. Name and street address	s of Florida registered agent: (P.O. Box NOT accept	able)		833	m
Name:	Jeffrey Mustari, Esq.	_	33.75 75.45	22	}
Office Address:	10151 Deerwood Park Blvd., Bldg. 200, Suite 250	_	79	σ	
	Jacksonville	, Florida <u>32256</u>	유턴	ü	
	(City)	(Zip c	og & Lin	01	
esignated in this applicate complywith the provision	gistered agent and to accept service of process for the tion, I hereby accept the appointment as registered agons of all statutes relative to the proper and complete my position as registered agent.	gent and agree to a	ct in this	i capaci	ity. I further a
	(Registered agent's signature)				
8. The name, title or capa Jonathan Clay, Manager	acity and address of the person(s) who has/have author	ity to manage is/are	:		<b>-</b>
9. Attached is a certificate jurisdiction under the law of the translator must be so	of existence, no more than 90 days old, duly authentic of which it is organized. (If the certificate is in a foreign ubmitted)	cated by the official gn language, a trans	having o	custody the cert	 of records in t tificate under c
	Signature of an authorized perso	n			
This document is executed submitted in a document to	d in accordance with section 605.0203 (1) (b), Florida to the Department of State constitutes a third degree fellomathan Clay	Statutes. I am aware ony as provided for	that any in s.817.	false in 155, F.S	iformation S.
	Typed or printed name of signee			•	
	Typed of printed name of signee				

Control Number: 15023992

# STATE OF GEORGIA

# **Secretary of State**

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

### 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

# SOUTHEAST LAB SERVICES, LLC

# a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below 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.

Docket Number Date Inc/Auth/Filed Jurisdiction

Print Date Form Number : 12788374 : 03/02/2015

: Georgia : 02/18/2016 : 211



B: P. Kemp Secretary of State