

M16000004397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

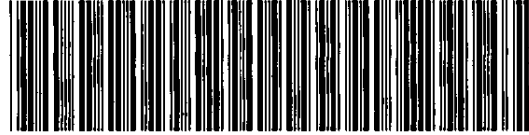
(Document Number)

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Special Instructions to Filing Officer:

623 W16-31229

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
16 APR 26 PM 1:27

JUN 03 2016
S. YOUNG



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 27, 2016

JEFF NUNN
501 PATETOWN ROAD STE 21
GOLDSBORO, NC 27530

SUBJECT: SKYY LABORATORY, LLC
Ref. Number: W16000031229

We have received your document for SKYY LABORATORY, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

~~Section 605.0203(1)(b), Florida Statutes, requires the document(s) to be signed by one person acting as an authorized representative.~~

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.

Shelia H Young
Regulatory Specialist II

Letter Number: 916A00008749

TALLAHASSEE, FLORIDA

22 MAY 31 AM 11:39

16 APR 26 PM 10:27

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STATE
SECRETARY OF
TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Skyy Laboratory, 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:

Jeff Nunn

Name of Person

Skyy Laboratory, LLC

Firm/Company

501 Patetown Rd., Ste 21

Address

Goldsboro, NC 27530

City/State and Zip Code

jeff@mmdsmobile.com

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

For further information concerning this matter, please call:

Jeff Nunn

919

709-9026

Name of Contact Person

at (_____) _____

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

16 APR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FL 32301

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. Skyy Laboratory, LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(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. Tennessee

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0861408

(FEI number, if applicable)

4. n/a

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3011 Harrah Dr. Ste 1

Spring Hill, TN 37174-6255

(Street Address of Principal Office)

6. 501 Patetown Rd., Ste 21

Goldsboro, NC 27530

(Mailing Address)

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

Name: NORTHWEST REGISTERED AGENT LLC

Office Address: 3030 N. Rocky Point Drive, STE 150A

TAMPA

(City)

, Florida 33607

(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.

Tom Glover/Secretary/Northwest Registered Agent LLC

(Registered agent's signature)

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

Lloyd Williams, CEO, 3011 Harrah Dr., Ste 1, Spring Hill, TN 37174-6255

Jeff Nunn, COO, 501 Patetown Rd., Ste. 21, Goldsboro, NC 27530-5570

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)

Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

Jeff Nunn

Typed or printed name of signee

16 APR 26 PM 1:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



STATE OF TENNESSEE
Tre Hargett, Secretary of State
Division of Business Services
William R. Snodgrass Tower
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

LESLEE SIIRILA
STE 100
9204 EISENHOWER DR.
APEX, NC 27539

April 19, 2016

Request Type: Certificate of Existence/Authorization
Request #: 0199883

Issuance Date: 04/19/2016
Copies Requested: 1

Document Receipt

Receipt #: 002656495

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3670459084

\$20.00

Regarding: Skyy Laboratory, LLC
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 01/22/2016
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 830765
Date Formed: 01/22/2016
Formation Locale: TENNESSEE
Inactive Date:

FILED
SECRETARY OF STATE
TALLAHASSEE, FL 32301
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CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Skyy Laboratory, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 016996837