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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
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O SIMMONS OCT 0 5 2016 10/3/2**6**16 13:19 PDT TO:18502456030 FROM:6782280305 Page: 1

# **Fax Transmission**

To: Octavia Simmons

Fax: 18502456030

**RE:** Certificate of Existence

From: Benita Smith

**Date:** 10/3/2016 1:14:49 PM PDT

Pages: 2

**Comments:** 

2011 0CT -3 PH 4: 34

## **COVER LETTER**

TO:

Registration Section

Divisio	n of Corporation	18			
CUD IF CT.		Expedient Drug Te	st Consultants, LLC		
Name of Limited Liability Company					
The enclosed "A Existence, and cl	pplication by For heck are submitte	eign Limited Liability Comp d to register the above refere	any for Authorizati need foreign limite	ion to Transact Business in I d liability company to transa	Florida," Certificate of act business in Florida.
Please return all	correspondence c	oncerning this matter to the	following:		20
	Beni	a F. Smith			2116 SEP 26
		N	ame of Person		7
	Expe	dient Drug Test Consultants,	LLC		2016 SEP 26 PH 4:51
		Fi	nn/Company		
	4498	Avion Park			<u></u>
			Address		
	Doug	lasville, GA 30135			
		City/S	tate and Zip Code		
	exped	ient.dtc@gmail.com			
•		E-mail address: (to be used	for future annual	report notification)	<del></del> ,
For further infor	mation concernin	g this matter, please call:			
Ran	non Smith		404 at (	592-2838	
	Name o	of Contact Person	Area Code	Daytime Telephone N	umber
	ING ADDRESS:			STREET ADDRESS:	
	n of Corporations	i		Division of Corporations	•
	ation Section			Registration Section Clifton Building	
	ox 6327 issee, FL 32314			2661 Executive Center Circ Tallahassee, FL 32301	le
Enclosed is a che	eck for the follow				
<b>□</b> \$125	5.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee & S160.00 Filin of Status & Cert	g Fee, Certificate ified Copy



## **COVER LETTER**

TO:	Registration Sectorial Division of Corp.					
erin ii	e.cet.	Expedient Drug T	Test Consultants, LL	C		
SUBJI	ECI:	Name o	f Limited Liability (	Company		
		by Foreign Limited Liability Con ibmitted to register the above refe				
Please	return all correspond	lence concerning this matter to th	e following:			
		Benita F. Smith				
	-	]	Name of Person			
		Expedient Drug Test Consultan	ts, LLC			•
Firm/Company						
		4498 Avion Park				
			Address			
		Douglasville, GA 30135				
		City/	State and Zip Code	···		
		expedient.dtc@gmail.com				
		E-mail address: (to be us	sed for future annual	report not	tification)	
For fur	ther information cor	cerning this matter, please call:				
	Ramon Smith		404 at (	592-28	38	
	ì	Name of Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	rations on		Division Registrat Clifton B 2661 Exe	of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclos	ed is a check for the  √□ \$125.00 Filing	_	☐ \$155.00 Filir Certified Copy	ng Fee &	□ \$160.00 Filing Fee, Cert of Status & Certified Copy	

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

IN COMPILANCE WITH SECTION 605.0902, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT RUSINESS IN THE STATE OF FLORIDA.

Expedient Drug Test Co	MANTAL IN THE STATE OF PITAGINA.	·						
J	ign Limited Liability Company, mus	t inclu	de "Limited Liability	Company." "L.L.C"	"or "LLC.")			
Expedient DTC	-6	,,,,,,,	oo ammoo ammy					
If name unavailable, enter all Liability Company," "L.L.C."	ternate name adopted for the purpose	of tra	nsacting business in I	Florida. The alternate	name must incl	ude "Lin	nited	
State of Georgia	,	3	46-5334706		•			
(Jurisdiction under the law company is organized)	of which foreign limited hability	J	(F	El number, if applica	ble)		<b></b>	
<u> </u>								
,	(Date first transacted busine (See sections 605.0904 & 605.	ss in F 0905,	lorida, if prior to regi F.S. to determine pen	stration.) alty liability)				
)								
4498 Avion Park, Dougla	sville, GA 30135 (Street Address of F	) <u>-</u>	al ()ttoa)					
<b>6</b> .	(Sucer Address in F	ппстр	ai Office)					
4498 Avion Park, Doug	glasville, GA 30135			111111111111111111111111111111111111111		2		
	(Mailing A	Addres	s)		<del></del>	√isi	<b>16</b> C	
7. Name and street addres	s of Florida registered agent: (P	O. Bo	x <u>NOT</u> acceptable	)		. NO	0CT	(2/1
Name:	Valerie Browder-Morris					DIVISION OF CORECRATION	ယ်	1
Office Address.	1052 Pompano Drive					₩ 9	产	l T
	Rockledge		. F	lorada <u>32955</u>		Mar In Approximate Approximate Approximate Approximate	<b>ධ</b> ට්ට	•
	(Cıty)			(Zip code)	)	<u> </u>	2:	
designated in this applicat to complywith the provision	gistered agent and to accept servition, I hereby accept the appoint ons of all statutes relative to the my position as registered agent.	ment prope	as registered agent	and agree to act it	n this capacity	. I furt	her ag	ree
	aty and address of the person(s) v Avion Park, Douglasville, GA 301		as/have authority to	manage is/are:				
Ramon Smith, COO, 4498	3 Avion Park, Douglasville, GA 301	35						
Valerie Browder-Morris, i	Florida Operations Manager, 1052	2 Pom	pano Drive, Rockledg	e, Fl 32955				
	of existence, no more than 90 day of which it is organized (If the continued)							
_	Rignature	ot an a	authorized person		<del></del>			
	in accordance with section 605 0					rmation	l	

Typed or printed name of signee

Benita F. Smith

Page:

2

Control Number: 14032415

# 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

## **Expedient Drug Test Consultants, 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

Junsdiction : Georgia
Print Date : 09/16/2016
Form Number : 211

: 13411768 : 03/26/2014



B: { L. Brian P. Kemp Secretary of State