MILODOODS

(Re	equestor's Name)	
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PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nar	me)
(Do	ocument Number)	
Certified Copies	_ Certificates	s of Status
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800291587658

D. BRUCE OCT 26 2016 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 331035 7134075

AUTHORIZATION: Spelle Ble man

COST LIMIT : \$ 425/00

ORDER DATE: October 14, 2016

ORDER TIME : 3:33 PM

ORDER NO. : 331035-005

CUSTOMER NO: 7134075

FOREIGN FILINGS

NAME: LAB SOLUTIONS OF AMERICA LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

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

7,

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Lab Solutions of Ame				
(Name of line				
(Hame of For	eign Limited Liabili	ty Company; must include "Limited L	ability Company," "L.1	_C" or "LLC.")
If name unavailable, enter a liability Company," "L.L.C		ed for the purpose of transacting busin	ess in Florida. The alter	nate name must include "Limite
). Delaware		3		
(Jurisdiction under the law company is organized)	of which foreign lin	nited liability	(FEI number, if ap	plicable)
L. Upon filing				
	(Date first t (See sections	transacted business in Florida, if prior 605,0904 & 605,0905, F.S. to determi	to registration.) ne penalty liability)	
1701 Green Rd., Ste				
-				
	(St	reet Address of Principal Office)		
1701 Green Rd., Ste. A	1, Deerfield Beac	ch, FL 33064		As 2
		(Mailing Address)		2016 OCT 25 SECRETARY TAULAHASSEE
				I 25 I ARY ASSE
. Name and street address	ss of Florida regist	ered agent: (P.O. Box NOT accep	itable)	
Name:	Corporation Serv	vice Company	<u> </u>	
Office Address:	1201 Hays Street		anguaga.	SIATE ORID
	Tallahassee		, Florida 32301	≽'∷ α
		(City)	(Zip co	nde)
		I to accept service of process for the oppointment as registered of relative to the proper and complet istered agent. VICE Company	agent and agree to ac	et in this capacity. I further duties, and I am familiar w
eccpi ine aanganons of i	Bur.	/VI 7#		
ссері інс придацові оў і	Ву:	(Registered augus Signature)	*	Melissa Zender
		(Registered agent's signature)	Γ	Asst. Vice President
3. The name, title or cap:	acity and address o	(Registered agent's signature) f the person(s) who has/have autho	Γ	Asst. Vice President
	acity and address o	(Registered agent's signature)	Γ	Asst. Vice President
3. The name, title or cap:	acity and address o	(Registered authors signature)	Γ	Asst. Vice President
3. The name, title or caps Samantha Van Sant - Pri	acity and address o	(Registered authors signature)	Γ	Asst. Vice President
3. The name, title or capa Samantha Van Sant - Pri 701 Green Rd., Ste. A-1,	ncity and address oncipal Deerfield Beach,	(Registered agent's signature) f the person(s) who has/have autho FL 33064	rity to manage is/are:	Asst. Vice President
3. The name, title or caps Samantha Van Sant - Pri 701 Green Rd., Ste. A-1, Attached is a certificate	ncity and address on cipal Deerfield Beach, of existence, no m	(Registered arent's signature) f the person(s) who has/have autho FL 33064 ore than 90 days old, duly authenti	rity to manage is/are:	Asst. Vice President
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3. The name, title or caps Samantha Van Sant - Pri 701 Green Rd., Ste. A-1, Attached is a certificate trisdiction under the law of the translator must be so	ncity and address of ncipal Deerfield Beach, of existence, no most which it is organismitted)	(Registered authorized person) f the person(s) who has/have authorized. FL 33064 ore than 90 days old, duly authentifized. (If the certificate is in a forcion of the certificate is in a fo	rity to manage is/are: cated by the official l gn language, a transla	Asst. Vice President aving custody of records in ation of the certificate under
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3. The name, title or capa Samantha Van Sant - Pri 701 Green Rd., Ste. A-1, Attached is a certificate trisdiction under the law of the translator must be su this document is executed	ncity and address of ncipal Deerfield Beach, of existence, no most which it is organismitted)	(Registered authorized person) f the person(s) who has/have authorized. FL 33064 ore than 90 days old, duly authentifized. (If the certificate is in a forcion of the certificate is in a fo	rity to manage is/are: cated by the official h gn language, a transla	Asst. Vice President aving custody of records in ation of the certificate under

Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "LAB SOLUTIONS OF AMERICA, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "LAB SOLUTIONS OF AMERICA, LLC" WAS FORMED ON THE THIRTEENTH DAY OF APRIL, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203217857

Date: 10-25-16

6015185 8300 SR# 20166345202