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EVANS & DAVIS

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November 1, 2016

Division of Corporation Registration Section P.O. Box 6327 Tallahassee, FL 32314 Via First Class Wail

10V -7 PX 2

H 2: 34

Re:

Application by Foreign LLC

Vertical Laboratory Services Series, LLC

To Whom it May Concern:

Greetings, I hope this correspondence finds you doing well. Enclosed you will find the requested Cover Letter, Application, Certificate of Good Standing and the Check.

Please process this information at your earliest convenience. Once complete, please return the Letter of Acknowledgment and any other documents in the enclosed *Return Postage Envelope*.

Should you have any questions or concerns, please do not hesitate to contact me. I want to thank you in advance for your assistance regarding this matter.

Warm regards,

Spencer S. Chaffin

SSC/mwc

Enclosures (5):

Cover Letter, Application, Certificate of Good Standing,

Check & Return Postage Envelope

COVER LETTER

то:	Registration Section Division of Corporations
SUBJE	Vertical Laboratory Services Series, LLC T:
	Name of Limited Liability Company
The end Existen	osed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of and check are submitted to register the above referenced foreign limited liability company to transact business in Florida
Please	turn all correspondence concerning this matter to the following:
	Dawn Peterson
	Name of Person
	Vertical Laboratory Services Series, LLC
	Firm/Company
	8647 Wurzbach Road, Building J100
	Address
	San Antonio, TX 78240
	City/State and Zip Code
	dpeterson@addictionstopusa.com
	E-mail address: (to be used for future annual report notification)
For fur	er information concerning this matter, please call:
	Dawn Peterson 210 529-0208 at ()
	Name of Contact Person 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
Enclos	is a check for the following amount: \$\begin{align*} \text{ \$125.00 Filing Fee} & \propto \$130.00 Filing Fee & \text{ \$155.00 Filing Fee & Certificate of Status} \end{align*} \$155.00 Filing Fee & \propto \$160.00 Filing Fee, Certificate of Status & Certified Copy \$155.00 Filing Fee & Certified Copy \$155.00 Filing Fee & Certified Copy \$155.00 Filing Fee & Certified Copy

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: Vertical Laboratory Services Series, 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. Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 8647 Wurzbach Road **Building J100** 10 (Street Address of Principal Office) 8647 Wurzbach Road **Building J100** 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Registered Agent Solutions, Inc. Name: 155 Office Plaza Dr., Suite A Office Address: Tallahassee , Florida 32301 (City) Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated limited liability company 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 complywith 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. (Registered agent's signature) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Jason Hahn - Manager/Member

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)

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.

Jason Hahn

Typed or printed name of signee





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

DELAWARE, DO HEREBY CERTIFY "VERTICAL LABORATORY SERVICES SERIES

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 TWELFTH DAY OF OCTOBER, A.D. 2016.

16 NOV - 7 PM 2: 34

5978374 8300 SR# 20166171041 Authentication: 203148137

Date: 10-12-16