Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000286419 3)))



H180002884193ABC4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

Prom:

Account Name : ALLSTATE CORPORATE SERVICES CORP

Account Number : I20040000031 Phone

Fax Number

: (800)906-9220 : (800)906-9880

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company LABFINDER, LLC

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

NOV 2 2 2016

S. YOUNG

Electronic Filing Menu

Corporate Filing Menu

Help

State of New York Department of State } ss

I hereby certify, that LABFINDER, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/21/2013, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Publication of LABFINDER, LLC was filed on 12/23/2013.

The Biennial Statement is past due.

I further certify, that no other documents have been filed by such Limited Liability Company.

OF NEW

Witness my hand and the official seal of the Department of State at the City of Albany, this 18th day of November two thousand and sixteen.

Brendan W. Fitzgerald Executive Deputy Secretary of State

201611210002 + 97

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. LABFINDER, LLC		THE STATE OF FLORIDA.	
(Name of Foreign Limited Liability Compa	my; must include "Limited Lia	bility Company," "L.L.C.," or "L	LC.")
(If name unavailable, enter alternate name adopted for the Liability Company," "L.L.C," or "LLC.")	purpose of transacting busine	ss in Florida. The alternate name	must include "Limited
2 NEW YORK	3. N/A		
(Jurisdiction under the law of which foreign limited lia company is organized)	Gility 3,	(FEI number, if applicable)
4. UPON REGISTRATION			•
(Date first transacte (See sections 605.090-	ed business in Florids, if prior : 4 & 605.0905, F.S. to determin	to registration.) ne penalty liability)	
s. 843 3RD AVENUE, FLOO	R 6, NEW YOR	RK, NY 10022	<u> </u>
			→ 三 紹
	Street Address of Principal Off		TO LOS CHARLES
6. 843 3RD AVENUE, FLOO	R 6, NEW YOR	(K, NY 10022	10 表記
	(Mailing Address)		1 1 0 T
7. The name, title or capacity and address			
ROBERT SEGAL, MEMBER,	207 E. 57TH ST	., APT. 17B, NY, I	NY 10022
8. Attached is an original certificate of exis having custody of records in the jurisdiction			
acceptable. If the certificate is in a foreign l			
must be submitted)	4.)		
	Mer	>	
Sign (In secondance with section 605.0203, F.S., the execution of this	nature of an authorized	person on under the penalties of perjury that	the facts stated herein are true. I
am aware that any false information submitted in a document to	the Department of State constitute	s a third degree felony as provided fo	r in s.817.155, F.S.)
STEVEN WEISS, AUT	or printed name of sign	Theo	
1 ypet	i or humen manne or sig	1166	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limit LABFINDER, L	• •	
If unavailable, the alternat	te to be used in the state of Florida is:	
2. The name and the Flor	ida street address of the registered agent and office	; are: 56.
Registered Agent Solutions, Inc.		16 NOV 21
	(Name)	
		#
	Florida Street Address (P.O. Box NOT ACCEPTABLE)	——
Tallehas	ssee _{FL} 32301	16
	City/State/Zip	

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, Florida Statutes.

Steven Weiss, Assistant Secretary

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)