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Foreign Limited Liability Company PERFORMANCE LARORATORIES LLC

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COVER LETTER

	tegisfration Section division of Corporations
SUBJECT	Performance Laboratories LLC
	Name of Limited Liability Company
	sed "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 retu	um all correspondence concerning this matter to the following:
	Name of Person
	Capitol Services - Corporate Filings Team
	Firm/Company
	206 E 9th St, Ste 1300
	Address
	Austin TX 78701
	City/State and Zip Code
	E-mail address: (to be used for fixture annual report notification)
For further	information concerning this matter, please call:
	TERESA SHARPLEY at (800) 662-0171
	Name of Contact Person Area Code Daytime Telephone Number
D R P	STREET ADDRESS: ivision of Corporations egistration Section O. Box 6327 callahassee, FL 32314 STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed i	s a check for the following amount: S125.00 Filing Fee \$ \$\frac{\text{\$130.00 Filing Fee & }}{\text{\$155.00 Filing Fee & }}\$\$ Certificate of Status Certified Copy of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION (05,0902, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO RECEISER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATEOF FLORIDA: Performance Laboratories LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name unavailable, outer alternate name adopted for the purpose of transacting business in Florida. The alternate name must include 'Limited Liability Company, "*L.L.C," or "LLC.") _{3.} 46-2667119 2. Oklahoma (FRI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 500 N. Walker Ave, Suite 150 (Street Address of Principal Office) Oklahoma City, OK 73102 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Capitol Corporate Services, Inc. Name: Office Address: 155 Office Plaza Dr Ste A Florida 3230' Tallahassee 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. Teresa Sharpley, Asst. Sec. on behalf of Sharper Capitol Corporate Services, Inc. (Registered agents alguation) 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Doug Wright, Managing Member Jay Lowe, Managing 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) 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 aubmitted in a document to the Department of State constitutes a third degree follony as provided for in s.817.155, F.S. Doug Wright Typed or printed name of signes

OFFICE OF THE SECRETARY OF STATE



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CERTIFICATE OF GOOD STANDING DOMESTIC LIMITED LIABILITY COMPANY

I, THE UNDERSIGNED, Secretary of State of the State of Oklahoma, do hereby certify that I am, by the laws of said state, the custodian of the records of the state of Oklahoma relating to the right of certain business entities to transact business in this state and am the proper officer to execute this certificate.

I FURTHER CERTIFY that <u>PERFORMANCE LABORATORIES LLC</u> whose registered agent is <u>RICK L. WARREN</u>, with its registered office at <u>201 ROBERT S. KERR AVENUE 1600 BANK OF OKLAHOMA PLAZA OKLAHOMA CITY 73102 USA</u> Oklahoma is a <u>Domestic Limited Liability Company</u> duly organized and existing under and by virtue of the laws of the state of Oklahoma and is in good standing according to the records of this office. This certificate is not to be construed as an endorsement, recommendation or notice of approval of the entity's financial condition or business activities and practices. Such information is not available from this office.



IN TESTIMONY WHEREOF, I hereunto set my hand and affixed the Great Seal of the State of Oklahoma, done at the City of Oklahoma City, this <u>8th</u>, day of <u>December.</u> 2016.

