12/23/2016

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Florida Department of State

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

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Foreign Limited Liability Company Pace Analytical Services, LLC

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Help

Please file <u>SECOND</u> after file cover H160003141483. It is a Withdrawal filing follow by a LLC Registration. Thank

S Warren

1816

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. Pace Analytical Service	s, LLC	-					
(Name of Fore	ign Limited Liability Company; m	ıst inclu	de "Limited Liab	ility Company," "L.L.C.," or	"LLC.")		
(If name unavailable, enter al Liability Company," "L.L.C,"	ternate name adopted for the purpo	se of tra	nsacting business	in Florida. The alternate nam	e must inclu	ide "Lim	ited .
2. Minnesota		3.	41-1821617				
(Jurisdiction under the law company is organized)	of which foreign limited liability			(FEI number, if applicable)			
4. Upon Qualification					_		
	(Date first transacted busin (See sections 605,0904 & 60)	icss in Fi 5.0905, 1	orida, if prior to F.S. to determine	registration.) penalty liability)			
5. 1800 ELM STREET S	e, minneapolis, mn 55414				- ; . ; .		
					<u> </u>	?	-17
11	(Street Address of	Principa	al Office)		- 2007F1 8-42	224	Section.
6. Same			•	. <u></u> .	27:0	ي _{ند} الدا	3
					712	U	FE
	(Mailing	Addres	s)		- <u>-</u> - S	5	O
7. Name and street address	s of Florida registered agent: (I	P.O. Bo	x <u>NOT</u> accepta	able)	ORIO	12: 02	
Name:	C T Corporation System			-	>		
Office Address:	1200 South Pine Island Road			<u>.</u>			
	Plantation			, Florida <u>33324</u> (Zip code)	_		
	(City)			(Zip code)			
designated in this applica to complywith the provisi	gistered agent and to accept se tion, I hereby accept the appoli ons of all statutes relative to the my position as registered agent	ntment e prope. Comore	as registered ap	gent and agree to act in the performance of my duties James M. I	is capacity. s, and I am Halpin	. I furtl	her agree
8. The name, title or cap	acity and address of the person(s) who l	ns/have author	ity to manage is/are:			
PAS Parent, Inc., 10877	Wilshire Blvd, Ste 2100, Los A	ingeles,	CA 90024 - M	lember			
9. Attached is a certificate jurisdiction under the law of the translator must be s	e of existence, no more than 90 of which it is organized. (If the ubmitted)	certific	duly authentic ate is in a foreign	n language, a translation o	custody of f the certifi	records cate und	in the der oath
	Signatu	re of an	authorized person	1	_		
This document is execute submitted in a document t	d in accordance with section 605 of the Department of State consti	5.0203 (tutes a t	1) (b), Florida S hird degree feld	Statutes. I am aware that an ony as provided for in s.817	y false info 7.155, F.S.	rmation	

Typed or printed name of signee

President of PAS Parent, Inc., Its Member

Office of the Minnesota Secretary of State Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:

PACE ANALYTICAL SERVICES, LLC

Date Filed:

09/30/2016

File Number:

904110900053

Minnesota Statutes, Chapter:

322C

Home Jurisdiction:

Minnesota

This certificate has been issued on:

12/22/2016



Oteve Pinnon Steve Simon

Secretary of State
State of Minnesota

CW