## M170000014852

| (Re                     | equestor's Name   | )            |  |  |  |
|-------------------------|-------------------|--------------|--|--|--|
|                         |                   |              |  |  |  |
| (Address)               |                   |              |  |  |  |
| (Ac                     | ddress)           |              |  |  |  |
| (Ci                     | ty/State/Zip/Phor | ne #)        |  |  |  |
| PICK-UP                 | ☐ WAIT            | MAIL         |  |  |  |
| (Business Entity Name)  |                   |              |  |  |  |
|                         |                   |              |  |  |  |
| (Document Number)       |                   |              |  |  |  |
| Certified Copies        | Certificate       | es of Status |  |  |  |
| Special Instructions to | Filing Officer:   |              |  |  |  |
| :ŋ<br>                  | ,                 |              |  |  |  |
| 9 S- NOC 1182           | ਹ<br>-<br>-<br>-  |              |  |  |  |
|                         | 4                 | :            |  |  |  |
| 2813                    |                   |              |  |  |  |
|                         |                   |              |  |  |  |

Office Use Only



800298973138

06/06/17--01006--022 \*\*125.00

ALLAHASSEE, FLORI

S. WARREN 'JUN 0 7 2017

## **COVER LETTER**

| TO: Registration Section Division of Corporation  | 1 <b>s</b>   |                                     |   |  |  |
|---|--|-------------------------------------|---|--|--|
| Leader B  | iomedical US   | SA, LLC                             |   |  |  |
| SUBJECT:  |  | Limited Liability Co                | mpany   |  |  |
| The enclosed "Application by For Existence, and check are submitted."   | reign Limited Liability Comp<br>d to register the above refere | any for Authorization               | on to Tra<br>I liability                        | nsact Business in Florida," Certificate of company to transact business in Florida |  |
| Please return all correspondence of   | concerning this matter to the                                  | following:                          |   |  |  |
| Nichola   | as M. Fry  |                                     |   |  |  |
| · · · · · · · · ·   | Na   | ame of Person                       |   |  |  |
| Fry & Associates, CPAs, Inc.  |  |                                     |   |  |  |
| Firm/Company  |  |                                     |   |  |  |
| 323 Regency Ridge Drive   |  |                                     |   |  |  |
| Address   |  |                                     |   |  |  |
| Centerville, OH 45459   |  |                                     |   |  |  |
| City/State and Zip Code   |  |                                     |   |  |  |
| nickfry@frycpas.net   |  |                                     |   |  |  |
|   | E-mail address: (to be used                                    | l for future annual re              | eport not                                       | ification)   |  |
| For further information concerning  | ig this matter, please call:                                   |                                     |   |  |  |
| Nicholas F  | ry   | 937                                 | 428   | time Telephone Number  |  |
| Name o  | of Contact Person  | Area Code                           | Day   | time Telephone Number  |  |
| MAILING ADDRESS:<br>Division of Corporation<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |  | Ī<br>F<br>C<br>2                    | Division<br>Registrati<br>Clifton B<br>2661 Exe | of Corporations on Section uilding cutive Center Circle ee, FL 32301               |  |
| Enclosed is a check for the follow □ \$125.00 Filing Fee  | ving amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filing<br>Certified Copy | Fee &   | ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy                      |  |

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

IN COMPLIANCE WITH SECTION 608,0802. FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Leader Biomedical USA, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC." or "LLC.") (if name unavailable, only alternate name adopted for the purpose of transacting business in Florida. The absence carrier mass include: "Littled Liability Company," L.L.C. or "LLC.") 3. 81-3326223 (Junisharion under the law of which integra limited litherly company is organized) (FEI amaitus, al applicative) (There first transmined business to Florida, if power to registration.) (See sections 605,0904 & 405,0905, F.S. to destruction pounds his 6. 323 Regency Ridge Drive 5. 1508 Gertrude Dr. (Street Address of Principal Office) (Malting Address) c/o Fry & Associates, CPAs Inc. Brandon, FL 33511 Centerville, OH 45459 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Ruben Silva Name: 1508 Gertrude Dr. Office Address: Brandon 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 comply with 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: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Director Ashok Srinivasan 1258A Remington Rd. Schallmburg, RL 60173 (Use attackments if necessary) 9. Attacked 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) nure of an authorized person 10. 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.

Typed or primed name of signer

Nicholas M. Fry

## UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show LEADER BIOMEDICAL USA, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3921809, was organized within the State of Ohio on July 11, 2016, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 26th day of May, A.D. 2017.

**Ohio Secretary of State** 

Validation Number: 201714601588