# M11000001405

(Requestor's Name)
(Address)
(Address)
(Addiess)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(,
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only



300302001553

Ū8/Ū3/17--Q1Q11--Q13 \*\*16Q.QQ

0/29/17

SECRETARY OF STATE



#### FLORIDA DEPARTMENT OF STATE Division of Corporations

August 4, 2017

JEAN-FRANCOIS TOURE 331 ARCADO RD NW, SUITE 201 LILBURN, GA 30047 US

SUBJECT: OXY-GEN LABORATORY LLC

Ref. Number: W17000064057

We have received your document for OXY-GEN LABORATORY LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 254-6051.

Judy A Leggett
Regulatory Specialist II
Registration Section

Letter Number: 717A00015871

### **COVER LETTER**

. . .

то:	Registration Section Division of Corporations
SUBJI	Oxy-Gen Laboratory LLC
SOBSE	Name of Limited Liability Company
	closed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of ice, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.
Please	return all correspondence concerning this matter to the following:
	Jean-Francois Toure
	Name of Person
	Oxy-Gen Laboratory LLC
	Firm/Company
	331 Arcado Rd NW Ste 201
	Address
	Lilbum, Ga 30047
	City/State and Zip Code
	jean@oxy-genlab.com
	E-mail address: (to be used for future annual report notification)
For fu	ther information concerning this matter, please call:
	Jean-François Toure 770 771-2925
	Name of Contact Person Area Code Daytime Telephone Number
	MAILING ADDRESS:STREET ADDRESS:Division of CorporationsDivision of CorporationsRegistration SectionRegistration SectionP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301
Enclos	ed is a check for the following amount:  \$\Begin{array}{c} \text{S125.00 Filing Fee} & \Begin{array}{c} \text{S130.00 Filing Fee} & \Begin{array}{c} \Beta \text{S155.00 Filing Fee} & \Begin{array}{c} \Beta \text{S160.00 Filing Fee}, Certificate \\ \text{Certified Copy} & \text{of Status & Certified Copy} \end{array}

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

IN COMPILANCE 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:

			<u>.</u>
	name adopted for the purpose of transacting business in		Luability Company," "L.L.C," or "LLC.")
2. Georgia		3. 81-4106374	
(Jurisdiction under the law of s	hich foreign limited liability company is organized)	() 6:1 :	number, if applicable)
4. Never had a transacti	on done yet		
	(Date first transacted business in Florida, if pric (See sections 605,0904 & 605,0905, F.S. to det		
5. 331 Arcado Rd NW s	ste 201	6 P.O. BOX 1730	
(Street Address of	Principal Office)	(Mailing	Address)
Lilbum, Ga 30047		Lilburn Ga 30048	
		·	ASH 7
<ol><li>Name and street address.</li></ol>	<u>ess</u> of Florida registered agent: (P.O. E	Box NOT acceptable)	SX 20 2
Name:	Akm Sajjad Howlader		28 SSE
	1517 Hammondvilla P.d		
Office Address:	1547 Hammondville Rd		S S S
	Ротрапо Веасh	, Florida <u>33069</u>	
	(City)		code) PA 22
Having been named as r designated in this applic to comply with the provis	prance: egistered agent and to accept service e ation, I hereby accept the appointmen sions of all statutes relative to the proj ns of my position as registered agent/	t as registered agent and agree to i	act in this capacity. I further agr
Having been named as r designated in this applic to comply with the provis	egistered agent and to accept service a ation, I hereby accept the appointmen sions of all statutes relative to the proj	t as registered agent and agree to i	act in this capacity. I further agr
designated in this applic to comply with the provi	egistered agent and to accept service a ation, I hereby accept the appointmen sions of all statutes relative to the proj	et as registered agent and agree to de per and complete performance of n	act in this capacity. I further agr
Having been named as r designated in this applic to comply with the provi. and accept the obligation	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the proposition as registered agent.  (Registered agent)	et as registered agent and agree to a per and complete performance of new factors of the complete performance of t	act in this capacity. I further agr ny duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi. and accept the obligation	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent?	et as registered agent and agree to a per and complete performance of new factors of the complete performance of t	act in this capacity. I further agr ny duties, and I am familiar with
Having been named as r designated in this applic to comply with the provi- and accept the obligation 8. The name, title or cap	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the property of my position as registered agent?  (Registered agent) of the person(s) who	nt as registered agent and agree to a per and complete performance of native signature)  has/have authority to manage is/are	act in this capacity. I further agr ny duties, and I am familiar with 
Having been named as r designated in this applic to comply with the providand accept the obligation  8. The name, title or capacity:	registered agent and to accept service of ation, I hereby accept the appointment sions of all statutes relative to the properts of my position as registered agent.  (Registered agent)  (Registered agent)  (Registered agent)  (Registered agent)  (Registered agent)	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agrainy duties, and I am familiar with
Having been named as r designated in this applic to comply with the providand accept the obligation  8. The name, title or capacity:	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent.  (Registered agent)  Address:  Jean Francois Toure  2610 Trees of Avalon Pkw	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agr ny duties, and I am familiar with 
Having been named as r designated in this applic to comply with the providand accept the obligation  8. The name, title or capacity:	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent.  (Registered agent)  Address:  Jean Francois Toure  2610 Trees of Avalon Pkw	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agr ny duties, and I am familiar with 
Having been named as r designated in this applic to comply with the providand accept the obligation  8. The name, title or capacity:	egistered agent and to accept service ation, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent.  (Registered agent)  Address:  Jean Francois Toure  2610 Trees of Avalon Pkw	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agrainy duties, and I am familiar with
Having been named as redesignated in this applicate to comply with the provious and accept the obligation  8. The name, title or capacity:  Owner	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent.  (Registered agent)  (Acceptage)  (Accept	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agrainy duties, and I am familiar with
Having been named as r designated in this applic to comply with the providand accept the obligation  8. The name, title or capacity:	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent.  (Registered agent)  (Acceptage)  (Accept	ner and complete performance of ner and complete performance of ner and complete performance of ner's signature)  has/have authority to manage is/are  Title or Capacity:	act in this capacity. I further agr ny duties, and I am familiar with 
Having been named as redesignated in this applicate to comply with the providend accept the obligation.  8. The name, title or capacity: Owner  (Use attachments if neces of the control o	egistered agent and to accept service attion, I hereby accept the appointment sions of all statutes relative to the property of the position as registered agent?  (Registered agent)	thas registered agent and agree to the per and complete performance of more and complete performance of more signature)  that's signature)  that's signature)  that have authority to manage is/are Title or Capacity:	act in this capacity. I further agr ny duties, and I am familiar with  e:  Name and Address:
Having been named as redesignated in this applicate to comply with the providend accept the obligation.  8. The name, title or capacity: Owner  (Use attachments if neces), Attached is a certificate jurisdiction under the law of the translator must be seen.	registered agent and to accept service aution, I hereby accept the appointment sions of all statutes relative to the property of the property of the property of the person of my position as registered agent of the person of th	it as registered agent and agree to the and complete performance of more and complete performance of more and complete performance of more signature)  to has/have authority to manage is/are Title or Capacity:  y  Id, duly authenticated by the official cate is in a foreign language, a trans  203 (1) (b). Florida Statutes, I am as	e:  Name and Address:  having custody of records in the slation of the certificate under oath ware that any false information
Having been named as redesignated in this applicate to comply with the providend accept the obligation.  8. The name, title or capacity: Owner  (Use attachments if neces), Attached is a certificate jurisdiction under the law of the translator must be seen.	registered agent and to accept service aution, I hereby accept the appointment sions of all statutes relative to the property of the property of the property of the property of the person of the per	it as registered agent and agree to the and complete performance of more and complete performance of more and complete performance of more signature)  to has/have authority to manage is/are Title or Capacity:  y  Id, duly authenticated by the official cate is in a foreign language, a trans  203 (1) (b). Florida Statutes, I am as	e:  Name and Address:  having custody of records in the slation of the certificate under oath ware that any false information



Control Number: 16091394

## STATE OF GEORGIA

## **Secretary of State**

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

# Oxy-Gen Laboratory LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 14796962
Date Inc/Auth/Filed: 09/27/2016
Jurisdiction : Georgia
Print Date : 08/18/2017

Form Number : 211



B: P. Kemp