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	Requestor's Name)	
(,	Address)	
	Address)	
	City/State/Zip/Phone #)	
(only/oldic/Lip// none ny	
PICK-UP	☐ WAIT	MAIL
	Business Entity Name)	
	Document Number)	
(bocament Namber)	
Certified Copies	Certificates of \$	Status
Special Instructions	to Filing Officer:	
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Office Use Only



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CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195
REFERENCE : 836000 4305432
AUTHORIZATION: CASH LOURAN
COST LIMIT : \$\langle 125100
ORDER DATE: September 26, 2017
ORDER TIME : 1:13 PM
ORDER NO. : 836000-005
CUSTOMER NO: 4305432
FOREIGN FILINGS
NAME: CHEM QUANT ANALYTICAL SOLUTIONS, LLC
SOBOTIONS, BIC
XXXX QUALIFICATION (TYPE: LL)
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Melissa Zender EXT# 62956

EXAMINER:

COVER LETTER

Registration Section Division of Corporations

TO:

		Name of	Limited Liability Company	
				ansact Business in Florida," Certificate o y company to transact business in Florida
lease return a	all correspondence	concerning this matter to the	following:	
	Grace Collins			
		N	ame of Person	
	Smith, Anderso	on, Blount, Dorsett, Mitchell	& Jernigan, L.L.P.	
	.	Fi	гт/Сотрапу	
	P.O. Box 2611			
			Address	
	Raleigh, NC 2	7602		
		City/S	tate and Zip Code	
	mikisbrutus@gn	nail.com		
		E-mail address: (to be used	for future annual report no	tification)
For further inf	ormation concernir	ig this matter, please call:		
Mich	nael Roberts		512 585-93	
	Name o	of Contact Person	Area Code Day	ytime Telephone Number
Divis Regis	LING ADDRESS: sion of Corporation stration Section Box 6327		Division	TADDRESS: of Corporations tion Section
	hassee, FL 32314		2661 Ex	ecutive Center Circle see, FL 32301
	check for the follow 25.00 Filing Fee	ving amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$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 605,0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Solutions, LLC Limited Liability Company, must include "Li	mited Liability Co	отралу," "L.L.C.," or "L.C.	*)	
	nne adopted for the purpose of transacting business i	n Florida. The altern	ale name must include "I inuted I i	ability Company," "L.L.C," or "LLC,")	
North Carolina	uch foreign limited hability company is organized)	_ 3	0.01	nber, if applicable)	
Ourseletton under the law of wh	nen toterdu tumiten grapitità combanà 12 ordaninen)		(11:11:00)	овет, и аррисавие)	
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	or to registration.) termine penalty liab	thry)		
104 White Cedar Run		6 P.	O. Box 701		
(Street Address of Principal Office)		0	(Mailing Ad	drecs)	
Holly Springs, NC 27540		Ho	Holly Springs, NC 27540		
Name and street addres	s of Florida registered agent: (P.O. I	Box <u>NOT</u> acc	eptable)	بي ين	
Name:	Corporation Service Company			T SEP 28 AH	
Office Address:	1201 Hays Street			9. P 2	
Ciffice Address.				× 60	
	Tallahassee		Florida 32301		
egistered agent's accep	(Cny)		(Zip co	(de)	
ul annot the abliquitions			lete performance of my	duties, and I am familiar wit	
nd accept the obligations	s of my position as registered agent. Corporation Service Company		elete performance of my	duties, and I am familiar wit	
nd accept the obligation.	s of my position as registered agent.	M. Z	olete performance of my	—— Melissa Zender	
· · · · · ·	of my position as registered agent. Corporation Service Company By: (Registered agent)	M.		-	
. The name, title or capa	Corporation Service Company By: (Registered agent.) (Registered agent.)	M. J	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden	
The name, title or capa	S of my position as registered agent. Corporation Service Company By: (Registered agent) acity and address of the person(s) when Name and Address:	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner	
. The name, title or capa	S of my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden <u>Name and Address:</u> Frederic L. Ciner 4897 SE Capstan Ave.	
The name, title or capa	Sof my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12	
The name, title or capa	S of my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave.	
The name, title or capa	Sof my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12	
The name, title or capa	Sof my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12	
The name, title or capa	Sof my position as registered agent. Corporation Service Company By: (Registered agent)	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12	
The name, title or capa Title or Capacity: Managing Member	Sof my position as registered agent. Corporation Service Company By: (Registered agent) Incity and address of the person(s) when Name and Address: Michael S. Roberts 104 White Cedar Run Holly Springs, NC 27540	o has/have aut	hority to manage is/are:	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12	
3. The name, title or capa Title or Capacity: Managing Member Use attachments if necess Attached is a certificate prisdiction under the law of the law	Sof my position as registered agent. Corporation Service Company By: (Registered agent) (Name and Address: Michael S. Roberts 104 White Cedar Run Holly Springs, NC 27540 sary) of existence, no more than 90 days confirmed agent. (If the certification of the ce	o has/have aut Title Man	hority to manage is/are: or Capacity: aging Member	—— Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12 Stuart, Ft. 34997	
3. The name, title or capa Title or Capacity: Managing Member Use attachments if necess Attached is a certificate arisdiction under the law of the translator must be su	Sof my position as registered agent. Corporation Service Company By: (Registered agent) (Segment and Address: Michael S. Roberts 104 White Cedar Run Holly Springs, NC 27540 sary) of existence, no more than 90 days of which it is organized. (If the certifulpmitted)	o has/have aut Title Man old, duly authericate is in a for	hority to manage is/are: or Capacity: aging Member nticated by the official hereign language, a translation	Melissa Zender Asst. Vice President Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12 Stuart, FL 34997	
Use attachments if necessarisdiction under the law of the translator must be successive.	Sof my position as registered agent. Corporation Service Company By: (Registered agent) (Segment agent) (Address: Michael S. Roberts 104 White Cedar Run Holly Springs, NC 27540 sary) of existence, no more than 90 days of which it is organized. (If the certiful in the certiful through agents) uted in accordance with section 605.0	o has/have aut Title Man old, duly authericate is in a for	hority to manage is/are: or Capacity: aging Member nticated by the official hereign language, a translatorida Statutes. I am awa	Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12 Stuart, Fl. 34997 aaving custody of records in the attion of the certificate under oa	
The name, title or capa Title or Capacity: Managing Member Use attachments if necess Attached is a certificate risdiction under the law of the translator must be sue. This document is executed.	Sof my position as registered agent. Corporation Service Company By: (Registered agent) (Segment and Address: Michael S. Roberts 104 White Cedar Run Holly Springs, NC 27540 sary) of existence, no more than 90 days of which it is organized. (If the certifulpmitted)	o has/have aut Title Man Old, duly authericate is in a for 2203 (1) (b), Fa third degree	hority to manage is/are: or Capacity: aging Member nticated by the official hereign language, a translatorida Statutes. I am awafelony as provided for in	Melissa Zender Asst. Vice Presiden Name and Address: Frederic L. Ciner 4897 SE Capstan Ave. Apt. C12 Stuart, Fl. 34997 aaving custody of records in the	

Typed or printed name of signee

Michael S. Roberts



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (Limited Liability Company)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

CHEM QUANT ANALYTICAL SOLUTIONS, LLC

is a limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 29th day of April, 2016, with its period of duration being Perpetual.

I FURTHER certify that the said limited liability company's articles of organization are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said limited liability company is not administratively dissolved for failure to comply with the provisions of the North Carolina Limited Liability Company Act; and that the said limited liability company has not filed articles of dissolution as of this date of this certificate.





Scan to verify online.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of September, 2017.

Elaine J. Marshall

Secretary of State

ertification# 101147061-1 Reference# 14022724-ACH Page: I of I crify this certificate online at http://www.sosnc.gov/verification