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COVER LETTER

.TO: Registration Section Division of Corporations

SUBJECT: Envista Forensics, LLC

Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, 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:

Name of Person Firm/Company Address City/State and Zip Code jennifer.may@barry-wehmiller.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: at (______ Area Code Daytime Telephone Number Name of Contact Person STREET ADDRESS: MAILING ADDRESS: Division of Corporations **Division of Corporations Registration Section** Registration Section Clifton Building P.O. Box 6327 2661 Executive Center Circle Tallahassee, FL 32314 Tallahassee, FL 32301 Enclosed is a check for the following amount: □ \$160.00 Filing Fee, Certificate □ \$155.00 Filing Fee & □ \$130.00 Filing Fee & S125.00 Filing Fee of Status & Certified Copy Certificate of Status Certified Copy

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

AN 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. Envista Forensics, LLC

a :	name adopted for the purpose of transacting business in Flo			
Georgia	hich foreign limited liability company is organized)	3.	58-1482176 (FEI number, if applicabl	le)
(Janvaienon under the law of w	nen tereigi minee taointy company ii organizee)			
Upon Qualification				
	(Date first transacted business in Florida, if prior to (See sections 605,0904 & 605 0905, F.S. to determ	o registration nine penalty	.) liability)	
5565 Glenridge Conne	ector, Suite 900	6	8020 Forsyth Blvd.	
(Street Address of	Principal Office)	0.	(Mailing Address)	
Atlanta, GA 30342			St. Louis, MO 63105	-
				2
	<u> </u>			
realized and <u>survey addres</u>	ss of Florida registered agent: (P.O. Bo C T Corporation System	· · · · · · · · · · · · · · · · · · ·		م م
Name:				
Name: Office Address:	1200 South Pine Island Road			H 12
• • • • • • • • • • • • • • • • • • • •	1200 South Pine Island Road Plantation		. Florida 33324	H 12: U
• • • • • • • • • • • • • • • • • • • •			, Florida <u>33324</u> (Zip code)	H 12: U4
Office Address:	Plantation (City)		(Zip code)	H 12: U4
Office Address: egistered agent's acception of the second	Plantation (City) Dtance: evistered agent and to accept service of	f process	(Z:p code)	H 12: U4
Office Address: egistered agent's acception the second agent of the second agent of th	Plantation (City) otance: egistered agent and to accept service of ution. I hereby accept the appointment	as regist	(Z:p code) for the above stated limited liability of ered agent and agree to act in this ca	pacity. I fui
Office Address: egistered agent's acception the second agent of the second agent of th	Plantation (City) otance: egistered agent and to accept service of ution. I hereby accept the appointment	as regist	(Z:p code) for the above stated limited liability of ered agent and agree to act in this ca	pacity. I fui
Office Address: gistered agent's accepting been named as resignated in this applied comply with the provis	Plantation (City) Dtance: evistered agent and to accept service of	as regist	(Z:p code) for the above stated limited liability of ered agent and agree to act in this ca	pacity. I fui
Office Address: gistered agent's accepting been named as resignated in this applied comply with the provis	Plantation (City) otance: egistered agent and to accept service of ation, I hereby accept the appointment tions of all statutes relative to the prope	as regist	(Z:p code) for the above stated limited liability of ered agent and agree to act in this ca	pacity. I fu

(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

<u>Title or Capacity:</u>	Name and Address:	<u>Title or Capacity:</u>	Name and Address:
MEMBER	Cor Partners, Inc. 8020 Forsyth Blvd. St. Louis, MO 63105		
			

(Use attachments if necessary)

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)

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.

PBelo	incil~)
-1	0	Signature of an authorized person
Tricia Belanger		

Typed or printed name of signee

Control Number: 0212421

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

Envista Forensics, 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	:	14917407
Date Inc/Auth/Filed	:	03/14/2002
Jurisdiction	:	Georgia
Print Date	:	10/02/2017
Form Number	:	211



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Brian P. Kemp Secretary of State