118000000347

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
He wants file date
Lobert Wright
W17-87155

Office Use Only



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> OLUACIÁKY LE STATE TALLAHÁSSEE, FLORIDA

JAN 1 2 2016 Y SULKER MAYS 55 1 An 21, 2018



FLORIDA DEPARTMENT OF STATE Division of Corporations

November 21, 2017

ROBERT WRIGHT 7532 HOLLOW CREEK DR TOCEDO, OH 43617

SUBJECT: 3 LAB PROPERTIES LLC

Ref. Number: W17000087155

We have received your document for 3 LAB PROPERTIES LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Please accept our apology for failing to mention this in our previous letter.

According to the application submitted to this office, this entity transacted business in the state of Florida before properly registering with the Florida Department of State, Division of Corporations. Consequently, a \$500 civil penalty and an annual report filling fee for each year the entity failed to properly file a Florida annual report are due this office. Based on the date entered on the application, the civil penalty and annual report filing fees total \$777.50.

There is a balance due of \$777.58

Please return 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) 245-6051.

Yasemin Y Sulker Regulatory Specialist II

Letter Number: 017A00022018

Letter NI

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MESSAGE

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www.sunbiz.org

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

COVER LETTER

Registration Section -

TO:

Division of Corporations	
SUBJECT: 3 LAS PROF	of Limited Liability Company
	ompany for Authorization to Transact Business in Florida," Certificate of eferenced foreign limited liability company to transact business in Florida.
Please return all correspondence concerning this matter to	the following:
ROBONT UN	16HT
3 LAB Pro	PENTLES
	Firm/Company
7532 Hollar	, CREEK Dr.
10 (600 OF	f 43617 i
+ dw lmwe	
	used for future annual report notification)
For further information concerning this matter, please call:	
ROBON UNIGHT	at (419) 2977647 Area Code Daytime Telephone Number
Name of Contact Person	Area Code Daytime Telephone Number
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301
Enclosed is a check for the following amount: \$\Bigsireq\$ \$125,00 Filing Fee \$\Bigsireq\$ \$\$ \$130.00 Filing Fee \$\Bigsireq\$ Certificate of Status	© \$155.00 Filing Fee & □\$160.00 Filing Fee, Certificate Certified Copy of Status & Certified Copy

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

	TION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY SINESS IN THE STATE OF FLORIDA:
1(Name of Foreign	AB Phop in FIES LLC. "or "L.L.C." or "L.L.C." or "L.L.C."
(II name unaviolable, enter alternate na	me adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Linbility Company," "L.L.C," or "LLC,")
2. OH	IO 3
(Jurisdiction under the law of wh	ch foreign limited hability company is organized) (FEI number, if applicable)
4	(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)
5. 7532 Holy (Street Address of P	the Cretar Dr. 6. 7532 House Cretar Dr. (Mailing Address)
TOLEDO (DH 43617 TOLEW OH 43617
7. Name and street address	of Florida registered agent: (P.O. Box <u>NOT</u> acceptable)
Name:	LAMON Whitety
Office Address:	871 WATENSDOE LANK
	Bryspenson, 12 34209 Florida 34209
designated in this applicat to comply with the provisi	ristered agent and to accept service of process for the above stated limited liability company at the place ion, I hereby accept the appointment as registered agent and agree to act in this capacition. I further agree ons of all statutes relative to the proper and complete performance of my duties, and I appropriate with of my position as registered agent. (Registered agent's signature)
Title or Capacity:	city and address of the person(s) who has/have authority to manage is/are: Name and Address: Title or Capacity: Name and Address:
Co-Puescoen	TOOLONG WRIGHT 753'2 HOLDEN CHEEK ON TOLLOW OH ASUT
CO-PRESIDENT	1532 HOLLUN CHERKAN TOLERO OH 4361)
(Use attachments if necess	ary)
	of existence, no more than 90 days old, duly authenticated by the official having custody of records in the f which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath bmitted)
	ated in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.
	Signature of an authorized person
	LOBENT D UNITOHT

Typed or printed name of signee

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 3 LAB PROPERTIES, LLC, an Ohio For Profit Limited Liability Company, Registration Number 3850052, was organized within the State of Ohio on January 14, 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 17th day of November, A.D. 2017.

Ohio Secretary of State

Validation Number: 201732103276