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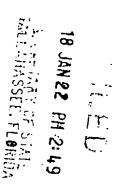
(Requestor's Name)  (Address)								
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PICK-UP WAIT MAIL								
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### COVER LETTER

Registration Section
Division of Corporations

TO:

SUBJECT:	Health and Safety Sciences, LLC							
2000000		Name of I	Limited Liability C	ompany				
		eign Limited Liability Comp d to register the above refere						
Please return	all correspondence of	oncerning this matter to the	following:					
	Jonathan Penni	ngton						
	Name of Person							
	Health and Safety Sciences, LLC							
	Firm/Company							
	3224 Winchester Ave.							
	Address							
	Ashland, KY 41101							
City/State and Zip Code								
	rabrams@healtha	andsafetysciences.com						
		E-mail address: (to be used	for future annual	report not	tification)			
For further in	nformation concerning	g this matter, please call:						
Ste	phanie Wright		606 _ at (	393-30	36			
	Name o	f Contact Person	Area Code	Day	rtime 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					
	check for the follow 125.00 Filing Fee	ing amount:  \$\Bigsize \text{\$\Sigma}\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filin Certified Copy	g Fee &	\$160.00 Filing Fee, Ce of Status & Certified Cop			

## . 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:

Health and Safety Scien	nces, LLC					
(Name of Foreign	nces, LLC Limited Liability Company; must include "Limited	Liability Company," "L.L.C.," or "LLC.")				
(If name unavailable, enter alternate n	ume adopted for the purpose of transacting business in Flori	da. The alternate name must include "Limited Lial	bility Company," "L.L.C," or "LLC ")			
2. Kentucky		3. 27-2864806				
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	(FEI numb	er, if applicable)			
4						
	(Date first transacted business in Florida, if prior to re (See sections 605.0904 & 605.0905, F.S. to determin	egistration.) e penalty liability)				
5. 3224 Winchester Ave.		6. 3224 Winchester Ave.				
(Street Address of F Ashland, KY 41101	Principal Office)	(Mailing Address) Ashland, KY 41101				
Asinand, RT 41101		Asinalia, KT 41101				
	<del></del>	<del></del>				
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)				
Name:	CT Corporation System					
Office Address:	1200 South Pine Island Rd.	<del> </del>				
	Plantation		d.			
	(City)	, Florida 33324 (Zip code	<del>,                                    </del>			
Registered agent's accep	•	(1.4)				
	s of my position as registered agent.  Bree Zahner Assis (Registered agent's si	PH 2:				
	(registered agent 5 is	gaac,	€ <b>5</b>			
8. The name, title or capa <u>Title or Capacity:</u>	acity and address of the person(s) who has  Name and Address:	s/have authority to manage is/are: Title or Capacity:	Name and Address:			
President	Jonathan Pennington	CFO	Aaron Jarrell			
	725 Short White Oak Rd	<del></del>	3401 Sasse Way			
	Russell, KY 41169		Louisville, KY 40245			
	· · · · · · · · · · · · · · · · ·					
(Use attachments if neces	camu)	•				
(Ose attachments if neces	sary)					
	of existence, no more than 90 days old, do of which it is organized. (If the certificate ubmitted)					
10. This document is exec	uted in accordance with section 605.0203	()) (b), Florida Statutes. I am awar	e that any false information			
submitted in a document to	the Department of State constitutes a thin	degree felony as provided for in:	s.817.155, F.S.			
	The state of the state of the	· <del></del>	<del></del>			
	Signature of	of an authorized person				
	Signature of	f an authorized person				

Typed or printed name of signee

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Existence

Authentication number: 198198

Visit <a href="https://app.sos.ky.gov/ftshow/certvalidate.aspx">https://app.sos.ky.gov/ftshow/certvalidate.aspx</a> to authenticate this certificate.

I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

## Health and Safety Sciences, LLC

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is June 18, 2010 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 18<sup>th</sup> day of January, 2018, in the 226<sup>th</sup> year of the Commonwealth.



Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

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