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18 JAN 24 PM 1:50  
CLERK OF DISTRICT COURT  
JAN 24 2018

S. WARREN

JAN 26 2018



1700 Leider Lane, Suite 100  
Buffalo Grove, IL 60089  
[www.connexiones.com](http://www.connexiones.com)

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

SUBJECT: LAB Development, LLC

To Whom it may concern:

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

Michael Nuccio  
LAB Development, LLC  
1700 Leider Lane, Suite 100  
Buffalo Grove, IL 60089  
[mnuccio@connexiones.com](mailto:mnuccio@connexiones.com)

For further information concerning this matter, please call Michael Nuccio at (847) 499-8303.

Enclosed is a check for \$160.00 covering the following fees:

\$100.00	Filing fee
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy
\$ 5.00	Certificate of Status

Sincerely,

A handwritten signature in black ink, appearing to read "Michael Nuccio".

Michael Nuccio, CFO  
LAB Development, LLC dba Connexion

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:

1. LAB DEVELOPMENT'S LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

2. ILLINOIS 3. 20-5294048  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 4890 REGENCY CT 6. CONNERON  
(Street Address of Principal Office) (Mailing Address)

BOCA RATON, FL 33434 1700 LEIDEN LANE - SUITE 100  
BUFFALO GROVE, IL 60089

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: BENJAMIN HOLZER

Office Address: 4890 REGENCY CT  
BOCA RATON, Florida 33434  
(City) (Zip code)

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Benjamin Holzer  
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
<u>PRESIDENT</u>	<u>DAVID ROSENSTON</u> <u>1370 LINDEN AVE</u> <u>HIGHLAND PARK, IL 60035</u>	<u>CFO</u>	<u>MICHAEL NUCCIO</u> <u>711 LAMON AVE</u> <u>WILMETTE, IL 60091</u>
<u>GENERAL MANAGER</u>	<u>BENJAMIN HOLZER</u> <u>4890 REGENCY CT</u> <u>BOCA RATON, FL 33434</u>		

(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)

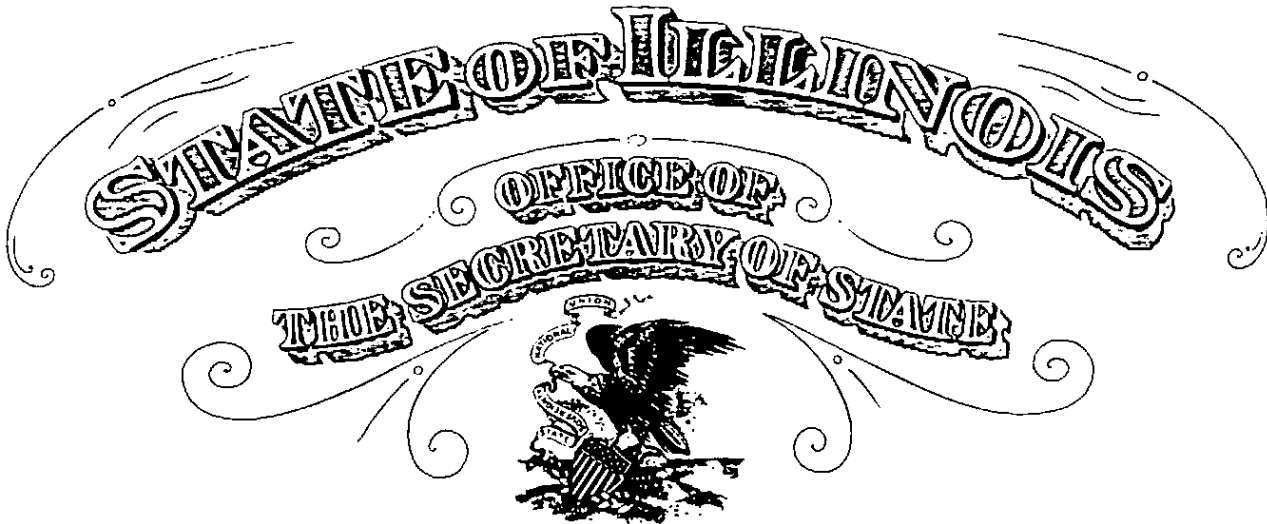
10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Michael Nuccio  
Signature of an authorized person

MICHAEL NUCCIO  
Typed or printed name of signee

File Number

0192601-2



***To all to whom these Presents Shall Come, Greeting:***

*I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that*

LAB DEVELOPMENT, LLC, HAVING ORGANIZED IN THE STATE OF ILLINOIS ON JULY 26, 2006, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



***In Testimony Whereof, I hereto set  
my hand and cause to be affixed the Great Seal of  
the State of Illinois, this 22ND  
day of JANUARY A.D. 2018 .***

*Jesse White*

SECRETARY OF STATE