# Meawarae

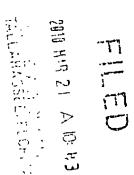
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## COVER LETTER

SUBJECT:	letrology Laboratory, LLC			
	Name o	of Limited Liability Company	·	
The enclosed "Applicatio Existence, and check are s	n by Foreign Limited Liability Co ubmitted to register the above ref	mpany for Authorization to Terenced foreign limited liabil	ransact Business in Floridity company to transact bu	a." Certific siness in Fl
Please return all correspoi	idence concerning this matter to il	he following:		
Brad Ti	aughber			
		Name of Person	- 12	_
Contrac	ts Administrator			
		Firm/Company		_
1609 Sc	outh Main Street			
		Address		_
Hopkin:	ville, KY 42240		55.	6100
	City	State and Zip Code		= ==
brad.trauş	hber@emH.com			
	E-mail address: (to be us	ed for future annual report no	otification)	<u> </u>
For further information col	icerning this matter, please call:		f*	: ب
Brad Traughber		270 874-2. at ()		جم س
1	Same of Contact Person		ytime Telephone Number	_
MAH.ING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	rations on	Division Registra Clifton I 2661 Ex	T ADDRESS: of Corporations tion Section Building ecutive Center Circle see, FL 32301	
Enclosed is a check for the ■ \$125.00 Filing		☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, O	

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

IN COMPILANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TAMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Laboratory, LLC n Limited Liability Company; must include "Limit	led Liability Company " "I 1 C " or "I I C "	
	name adopted for the purpose of transacting business in FI	londa. The alternate name must include "Lunited Lis	ability Company," "L.L.C." or "LLC")
7. Tennessee	which foreign limited liability company is organized)	3. 62-1809968	
commercial most the law til a	enien meetin inmied tiatitus company is organized)	(FEI mun	ber, if applicable)
4 April 1, 2014			
	(Date first transacted business in Florida, if prior to (See sections 605 0904 & 605 0905, F.S. to determ	o registration.) nune pennity liability)	
5. 318 Seaboard Lane		6, 1609 South Main Street	
(Street Address of Strite 106	Principal Office)	(Mailing Add Hopkinsville, KY 42240	ress)
Franklin, TN 37067		rtopkaisvitte, RT 42240	
<u>_</u>		<u> </u>	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	
	InCorp Services, Inc.	( NOT acceptante)	, ~
Name:	meorp services, inc.	<del></del>	
Office Address:	17888 67th Court North		- <del></del>
	Loxahatchee	33470	
Registered agent's accep	(City)	, Florida 33470	
to compty with the provisi and accept the obligation.	tion, I hereby accept the appointment a ions of all statutes relative to the proper s of my position as registered agent.  (Registed agent's (Registed agent's	and complete performance of my	duties, and I am familiar with الداء
8 The name title or one	_		
8. The name, title or capa <u>Title or Capacity:</u>	wity and address of the person(s) who ha  Name and Address:	is/have authority to manage is/are:	
8. The name, title or capa <u>Title or Capacity:</u> President	city and address of the person(s) who ha		Name and Address:
Title or Capacity:	wity and address of the person(s) who ha  Name and Address:	us/have authority to manage is/are: Title or Capacity:	
Title or Capacity:	Name and Address:  Scott Barlow  1609 South Main Street	us/have authority to manage is/are: Title or Capacity:	Name and Address: Sam Isbell 318 Seaboard Lane, Suite 10
Title or Capacity:	Name and Address:  Scott Barlow  1609 South Main Street	us/have authority to manage is/are: Title or Capacity:	Name and Address: Sam Isbell 318 Seaboard Lane, Suite 10
President	Scott Barlow  1609 South Main Street Hopkinsville, KY 42240	us/have authority to manage is/are: Title or Capacity:	Name and Address: Sam Isbell 318 Seaboard Lane, Suite 10
President  (Use attachments if necess 9. Attached is a certificate jurisdiction under the law cof the translator must be su 10. This document is exect	Scott Barlow  1609 South Main Street 11opkinsville, KY 42240  sary)  of existence, no more than 90 days old, cof which it is organized. (If the certificate abmitted)  atted in accordance with section 605,0203 the Department of State constitutes a thir	ts/have authority to manage is/are:  Title or Capacity:  CEO  duly authenticated by the official have is in a foreign language, a translati	Name and Address:  Sam Isbell  318 Seaboard Lane, Suite 10  Franklin, TN 37067   ving custody of records in the on of the certificate under oath

Typed or printed name of signee



# **Division of Business Services** Department of State

State of Tennessee 312 Rosa L. Parks AVE, 6th FL Nashville, TN 37243-1102

Control #:

Date Formed:

Inactive Date:

Formation Locale: TENNESSEE

#### **BRAD TRAUGHBER**

1609 SOUTH MAIN STREET HOPKINSVILLE, KY 42240

February 22, 2018

Request Type: Certificate of Existence/Authorization Issuance Date: 02/22/2018

Request #: 0267456 Copies Requested:

Receipt #: 003838096

Filing Fee: \$20.00

**Document Receipt** 

Payment-Credit Card - State Payment Center - CC #: 3722503831

\$20.00

Regarding: Electronic Metrology Laboratory, LLC

Filing Type:

Limited Liability Company - Domestic

Formation/Qualification Date: 06/30/1999

Status:

Active

**Duration Term:** 

Expires: 06/30/2099

Business County: WILLIAMSON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

### Electronic Metrology Laboratory, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Secretary of State

Processed By: Cert Web User Verification #: 026543223