

M18000008906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

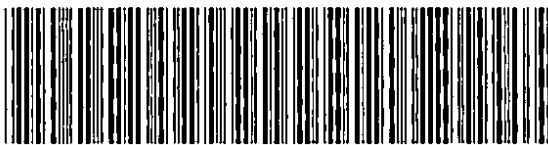
(Document Number)

ified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

ecial Instructions to Filing Officer:

ame W/8-86404

Office Use Only



500318747745

RECEIVED  
DEPARTMENT OF STATE  
18 SEP 26 PM 3:38

FILED  
18 SEP 26 AM 9:15  
FEDERAL BUREAU OF INVESTIGATION

G SIMMONS  
OCT 01 2018

# CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312

850-656-4724

Date: 9/26/2018

Acc#120160000072

*en: c DW*

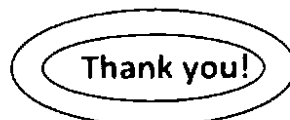
Name:	Panair Laboratory LLC
Document #:	
Order #:	11169264

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$	155.00
------------	--------



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Panair Laboratory 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:

Alison Landis

\_\_\_\_\_  
Name of Person

Postlane Partners

\_\_\_\_\_  
Firm/Company

1 Landmark Square-Suite 200

\_\_\_\_\_  
Address

Stamford, CT 06901

\_\_\_\_\_  
City/State and Zip Code

alison.landis@postlane.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alison Landis

717

873-7260

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
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

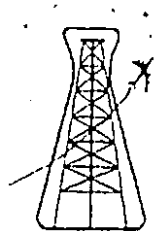
Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☒ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy



# **PANAIR LABORATORY, INC.**

---

QUALITY CONTROL FOR PETROLEUM PRODUCTS

From: Panair Laboratory, Inc.  
4301 NW 2<sup>ND</sup> AVE  
Miami, FL 33166

## **Letter of Consent to Use Similar Name**

The undersigned corporate officers grant consent to use of a similar entity name. The following entity PANAIR LABORATORY, INC. grants consent to use of the name PANAIR LABORATORY LLC with the Florida Division of Corporations.

Application signed and dated by an authorized officer of the Corporation.

Name: Dorothy E. Johnson

Title: Authorized Officer

Date: 09/24/18

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. Panair Laboratory LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "LLC.")

(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 "LLC.")

2. Delaware

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 83-1679539

(FEI number, if applicable)

4. 10/1/2018

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

5. 1 Landmark Sq - Suite 200

(Street Address of Principal Office)

Stamford, CT 06901

6. 1 Landmark Sq - Suite 200

(Mailing Address)

Stamford, CT 06901

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation

(City)

, Florida 33324

(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.

By:

Ryan Underwood Ryan Underwood, Assistant Secretary

(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:

President

Jeff Hodgson

CFO

David Haines

1 Landmark Sq - Suite 200  
Stamford, CT 06901

1 Landmark Sq - Suite 200  
Stamford, CT 06901

VP

Vishal Suvagiya

VP

Matthew DelMazio

1 Landmark Sq - Suite 200  
Stamford, CT 06901

1 Landmark Sq - Suite 200  
Stamford, CT 06901

(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.

David Haines  
Signature of authorized person

David Haines

Typed or printed name of signer

# Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PANAIR LABORATORY LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.



A handwritten signature in black ink, appearing to read "JB", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

6969344 8300

SR# 20186821798

You may verify this certificate online at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

Authentication: 203486304

Date: 09-25-18