

| (Requestor's Name)                      |
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| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
|   |
| (Business Entity Name)                  |
|   |
| (Document Number)                       |
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| Certified Copies Certificates of Status |
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| Special Instructions to Filing Officer: |
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Office Use Only



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2019 HAY 29 PM 4: 36 SECNETARY OF STATE

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DEFAR PMENT OF STATE
VISION OF CORPORATION
TALLAHASSEE, FLORIDA

RECEIVED

Y SCOTT

CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : 12000000195

REFERENCE : 783291 8095499

AUTHORIZATION :

COST LIMIT : \$ 130.00

ADDED DATE: W 00 0010

ORDER DATE : May 29, 2019

ORDER TIME : 1:12 PM

ORDER NO. : 783291-005

CUSTOMER NO: 8095499

FOREIGN FILINGS

NAME: PATH-TEC, LLC

XXXX QUALIFICATION (TYPE: <u>LL</u>)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER:

## **COVER LETTER**

| );            | Registration Section Division of Corporations   |                    |
|---------------|---|--------------------|
| ВЈЕ           | Path-Tec, LLC<br>CT:  |                    |
|               | Name of Limited Liability Company   |                    |
| e en<br>ister | losed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certific<br>e, and check are submitted to register the above referenced foreign limited liability company to transact business in F | cate of<br>lorida. |
| ase           | eturn all correspondence concerning this matter to the following:   |                    |
|               | James F. McCormack  |                    |
|               | Name of Person  |                    |
|               | Lab Logistics, LLC  |                    |
|               | Firm/Company  |                    |
|               | 30 Railroad Avenue  | <b>-</b> 7-}       |
|               | Address 25  |                    |
|               | West Haven, CT 06516  |                    |
|               | City/State and Zip Code  jmccormack@lablogistics.com  |                    |
|               | E-mail address: (to be used for future annual report notification)  |                    |
| furt          | er information concerning this matter, please call;   |                    |
|               | James F. McCormack 203 505-9748   |                    |
|               | 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:   |                    |
|               | Please make check payable to: FLORIDA DEPARTMENT OF STATE  \$125.00 Filing Fee \$\sum S155.00 Filing Fee & S160.00 Filing Fee, Cert Certificate of Status Certified Copy of Status & Certified Copy   |                    |

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

IN COMPLANCE 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:

| Lane day and one, true and indice in  | ame adopted for the purpose of transacting business in F  | londa. Tuc ali                   | ernate nonse must include "Limited Liability | Company," "L.L.C," or "LLC,"            |  |
|---|---|----------------------------------|--|---|--|
| Georgia   |   | 3                                | 27-1966401                                   |   |  |
| (Jurisdiction under the law of which foreign hinted liability company is organized) |   |                                  | 3. (FE: number. if applicable)               |   |  |
| Upon filing   |   |                                  |  |   |  |
|   | (Date first transacted business in Florida, if prior t<br>(See sections 605,0904 & 605,0905, F.S. to determ | n registration<br>mine penalty ! | )<br>sability)                               | <del></del>                             |  |
| 5700 Old Brim Road  |   | ,                                | 5700 Old Brim Road                           |   |  |
| (Street Address of I  | nacipal Office)   | 6.                               | (Mailing Address                             |   |  |
| Midland, GA 31820   |   |                                  | Midland, GA 31820                            |   |  |
| <del></del>   |   |                                  |  |   |  |
|   |   |                                  |  |   |  |
|   |   |                                  |  | 21<br>TA                                |  |
| Name and street addres  | ss of Florida registered agent: (P.O. Bo  | x <u>NUI</u> a                   | cceptable)                                   | 119<br>1209<br>1611                     |  |
|   | Corporation Service Company   |                                  |  | 2019 HAY 29<br>SEURETARY<br>ALLAHASSE   |  |
| Name:   |   |                                  |  | 29<br>SE                                |  |
| 0.65  | 1201 Hays Street  |                                  |  | الله الله الله الله الله الله الله الله |  |
| Office Address:   |   |                                  | <del></del>                                  | 51/4:<br>CORI                           |  |
|   | Tallahassee   |                                  | 32301<br>. Florida                           | 36<br>HE<br>HDA                         |  |
|   | (City)  |                                  | (Zip code)                                   |   |  |

(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: James F. McCormack Kevin Boykin Manager ☐ Manager 5700 Old Brim Road 30 Railroad Avenue Member ☐ Member Address: Midland, GA 31820 West Haven, CT 06516 \_\_\_Authorized Authorized Person Person Other\_ Other\_\_\_\_ Other Other\_\_\_ Manager Name: \_\_\_\_\_ Manager Manager Name: ☐ Member Address: Member Address: Authorized Authorized Person Person Other Other\_ Other\_ Name: Member Address: Member Address: Authorized Authorized Person Person Other\_\_ Other\_\_\_ Other Other\_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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. James F. McCormack

Typed or printed name of signee

Control Number: 10009852

## STATE OF GEORGIA

## Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

## **CERTIFICATE OF EXISTENCE**

I, **Brad Raffensperger**, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### PATH-TEC, LLC

a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of States.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 17214558 Date Inc/Auth/Filed: 02/08/2010 Jurisdiction : Georgia Print Date : 05/29/2019

Form Number : 211



Brad Raffensperger

Brad Raffensperger Secretary of State