

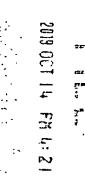
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D. BRUCE **OCT** 22 2019

COVER LETTER

TO:

Registration Section Division of Corporations

SUBJECT:	Newstar Medical Lal	boratories, LLC					
SUBJECT		Name of Lim	ted Liability	Company			
				ation to Transact Business in Flo ted liability company to transact			
Please return	all correspondence co	oncerning this matter to the follo	owing:				
	Processing Depa	artment					
		Name	of Person				
	MyCorporation						
		Firm/9	Company				
	26025 Mureau F	Road Suite 120					
		Ac	Idress				
	Calabasas, CA 9	91302					
	<u>-</u>	City/State	and Zip Code				
			<u> </u>				
For further in	nformation concerning	E-mail address: (to be used for this matter, please call:	ruture annua	report notification)	\$2 5.	2019 001 14	 ,
Pro	ocessing Department	at	877	692-6772			TT Upo
	Name of	Contact Person	Area Code	Daytime Telephone Num	her '	₽ PH	4
Div Reg P.O	ALING ADDRESS: ision of Corporations distration Section . Box 6327 lahassee, FI, 32314			STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	•.	ዙ ተ፡ 2 l	•
	losed is a check for thuse make check payable	e following amount: le to: FLORIDA DEPARTME	NT OF STA	TE			
	\$125.00 Filing Fee	S130.00 Filing Fee & Certificate of Status		Filing Fee & S160.00 Fold Copy of Status	_		

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

IN COMPLIANCE WITH SECTION 605,6902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Newstar Medical Laboratories, LLC (Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.E.C.," 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," "L.I. C," or "LLC,") 82-3691258 (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605-0904 & 605-0905, F.S. to determine penalty hability) 975 Cobb Place Blvd NW (Street Address of Principal Office) **STE 218** Kennesaw, GA 30144 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Legaline Corporate Services Inc. Name: 5237 Summerlin Commons Suite 400 Office Address: Fort Myers 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.

Dana Case

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to

tle or Capacity:	Name and Address:	Title or Capacity:	Name and Address:	
Manager	Name: Raymond Godwin	Manager Name: Scott VAnder Wielen		
Member	Address: 8 Perimeter Center E, #1510	Member Address: 3459 Vintage Cir SE		
Authorized	Atlanta, GA 30346	Authorized	Smyrna, GA 30080	
Person		Person		
Other	Other	Other	Other	
Manager	Name:	Manager	Name:	
Member	Address:	☐ Member	Address:	
Authorized		Authorized		
Person		Person		
Other	Other	Other		
Manager Member	Name:	☐ Manager	Name: 4	
Authorized		Authorized	: "	
Person		Person	<u> 10</u>	
Other	Other	Other	Other	

- 9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of rec 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.

114	10/9/2019
Signature	of an authorized person
Raymond Godwin, Manager	_
Typed or	printed name of signer

Control Number: 17129518

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

> Newstar Medical Laboratories, 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 State.

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 : 18140940 Date Inc/Auth/Filed: 11/21/2017 Jurisdiction : Georgia Print Date : 10/10/2019

Form Number : 211



Brad Rafferages ge

Brad Raffensperger Secretary of State