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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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MAR 18 2020  
T. LEMIEUX

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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ALLGOODLAB 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:

DYLAN MC KENNA

Name of Person

ALLGOODLAB LLC

Firm/Company

650 WEST AVE, APT 3002

Address

MIAMI BEACH FL 33139

City/State and Zip Code

dm75app@gmail.com

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

For further information concerning this matter, please call:

DYLAN MC KENNA

646

220-3934

at ( )

Name of Contact Person

Area Code

Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- \$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

DM



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 20, 2020

DYLAN MCKENNA  
650 WEST AVE APT 3002  
MIAMI BEACH, FL 33139

SUBJECT: ALLGOODLAB LLC  
Ref. Number: W20000018131

We have received your document for ALLGOODLAB LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tracy L Lemieux  
Regulatory Specialist II

Letter Number: 520A00003805

**RECEIVED**

MAR 13 2020

**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. ALI.GOODLAB LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.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.L.C.," or "LLC.")

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

3. 83-0918618  
(FEI number, if applicable)

4. 12/01/2019  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. DYLAN MC KENNA  
(Street Address of Principal Office)

6. DYLAN MC KENNA  
(Mailing Address)

650 WEST AVE, APT 3002  
MIAMI BEACH FL 33139

650 WEST AVE, APT 3002  
MIAMI BEACH FL 33139

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

Name: United States Corporation Agents, Inc  
Office Address: 5575 S Semoran Blvd, Suite 36  
Orlando, Florida 32822  
(City) (Zip code)

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TALLAHASSEE, FLORIDA

**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.*

\_\_\_\_\_  
(Registered agent's signature)

DM

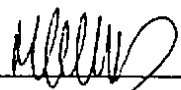
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

| <u>Title or Capacity:</u>                  | <u>Name and Address:</u>               | <u>Title or Capacity:</u>            | <u>Name and Address:</u>             |
|--------------------------------------------|----------------------------------------|--------------------------------------|--------------------------------------|
| <input type="checkbox"/> Manager           | Name: <u>DYLAN MC KENNA</u>            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input checked="" type="checkbox"/> Member | Address: <u>650 WEST AVE, APT 3002</u> | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | <u>MIAMI BEACH FL 33139</u>            | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                  | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____                            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                         | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                  | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager           | Name: _____                            | <input type="checkbox"/> Manager     | Name: _____                          |
| <input type="checkbox"/> Member            | Address: _____                         | <input type="checkbox"/> Member      | Address: _____                       |
| <input type="checkbox"/> Authorized        | _____                                  | <input type="checkbox"/> Authorized  | _____                                |
| Person                                     | _____                                  | Person                               | _____                                |
| <input type="checkbox"/> Other _____       | <input type="checkbox"/> Other _____   | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ |

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed 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.

  
\_\_\_\_\_

Signature of an authorized person

DYLAN MC KENNA

Typed or printed name of signee

**State of New York**  
**Department of State** } ss:

I hereby certify, that ALLGOODLAB LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 06/15/2018, and that the Limited Liability Company is existing so far as shown by the records of the Department.



\*\*\*

*WITNESS my hand and the official seal  
of the Department of State at the City of  
Albany, this 28th day of February two  
thousand and twenty.*

*Brendan C Hughes*

*Brendan C Hughes  
Executive Deputy Secretary of State*