

Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850)617-6383

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Account Number : 072731001155  
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**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

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SECRETARY OF STATE

**Foreign Limited Liability Company  
Bioscience Solutions Group, LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 1        |
| Certified Copy        | 0        |
| Page Count            | 03       |
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SBF  
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# 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. Bioscience Solutions Group, 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. New Hampshire  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. \_\_\_\_\_  
(FEI number, if applicable)

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

5. 18801 N. Dale Mabry Hwy, Unit 124  
(Street Address of Principal Office)

6. 18801 N. Dale Mabry Hwy, Unit 124  
(Mailing Address)

Lutz, FL 33548

Lutz, FL 33548

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

Name: James Pepoon

Office Address: 5103 Rue Vendome

Lutz, Florida 33558  
(City) (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.

(Registered agent's signature)

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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 checked="" type="checkbox"/> Manager | Name: <u>James Pepoon</u>            | <input checked="" type="checkbox"/> Manager | Name: <u>Clifford M. Chapman</u>     |
| <input checked="" type="checkbox"/> Member  | Address: <u>5103 Rue Vendome</u>     | <input checked="" type="checkbox"/> Member  | Address: <u>41 Allen Street</u>      |
| <input type="checkbox"/> Authorized         | <u>Lutz, FL 33558</u>                | <input type="checkbox"/> Authorized         | <u>Woburn, MA 01801</u>              |
| Person                                      | _____                                | Person                                      | _____                                |
| <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____        | <input type="checkbox"/> Other _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                          | <br><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 _____ |
| <br><input type="checkbox"/> Manager        | Name: _____                          | <br><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.

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Signature of an authorized person

James Pepoon

Typed or printed name of signer

#1267287

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# State of New Hampshire

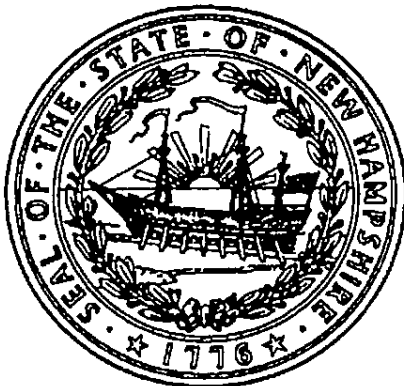
## Department of State

### CERTIFICATE

I, William M. Gardner, Secretary of State of the State of New Hampshire, do hereby certify that BIOSCIENCE SOLUTIONS GROUP, L.L.C is a New Hampshire Limited Liability Company registered to transact business in New Hampshire on August 08, 2011. I further certify that all fees and documents required by the Secretary of State's office have been received and is in good standing as far as this office is concerned.

Business ID: 656678

Certificate Number: 0005010009



IN TESTIMONY WHEREOF,

I hereto set my hand and cause to be affixed  
the Seal of the State of New Hampshire,  
this 23rd day of September A.D. 2020.

A handwritten signature in black ink, appearing to read "William M. Gardner".

William M. Gardner  
Secretary of State

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