

M 20000009489

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

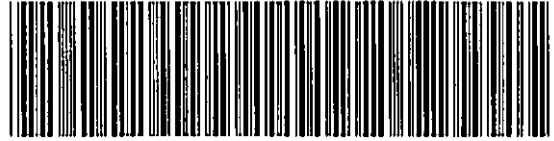
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Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

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TALLAHASSEE, FLORIDA
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US
10/22/20



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 20, 2020

EDWARD T. ANDERSON
58 N. CHICAGO ST.
2ND FLOOR
JOLIET, IL 60432

SUBJECT: STERITAB LAB, LLC
Ref. Number: W20000107935

We have received your document for STERITAB LAB, LLC and your check(s) totaling \$155.00. 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.

Yvette Scott
Document Specialist II

Letter Number: 520A00017986

RECEIVED
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OCT 20 2020

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Steritab Lab, 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:

Edward T. Anderson

Name of Person

Bretz, Flynn & Associates, P.C.

Firm/Company

58 N. Chicago St., 2nd Floor

Address

Joliet, IL 6432

City/State and Zip Code

canderson@bretzlawoffice.com

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

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Edward T. Anderson

815

740-1545

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

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. Steritab Lab, 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. Delaware
(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. 1932 Tyler Street
(Street Address of Principal Office)

Hollywood, FL 33020

6. 1932 Tyler Street
(Mailing Address)

Hollywood, FL 33020

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

Name: Bob Smoley

Office Address: 1932 Tyler Street

Hollywood, Florida 33020
(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.

Bob Smoley
(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:

☒ Manager Name: Chuck Bretz

☐ Member Address: 58 N. Chicago St., 2nd Floor

☐ Authorized Joliet, IL 60432

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: Name and Address:

☒ Manager Name: Andrew Smith

☐ Member Address: 58 N. Chicago St., 2nd Floor

☐ Authorized Joliet, IL 60432

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Bob Smoley

☐ Member Address: 1932 Tyler St.

☐ Authorized Hollywood, FL 33020

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Bryan Brewer

☐ Member Address: 1932 Tyler St.

☐ Authorized Hollywood, FL 33020

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Craig Temple

☐ Member Address: 9650 SW 122nd Ave

☐ Authorized Miami FL 33186

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Edward T. Anderson

☐ Member Address: 58 N. Chicago St., 2nd Floor

☒ Authorized Joliet, IL 60432

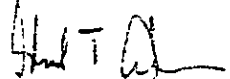
Person _____

☐ Other _____ ☐ 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

Edward T. Anderson

Typed or printed name of signer

Delaware

The First State

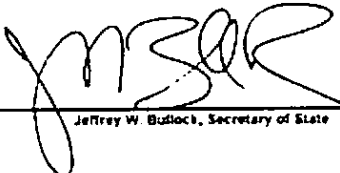
Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "STERITAB LAB, 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 SECOND DAY OF OCTOBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "STERITAB LAB, LLC" WAS FORMED ON THE FIFTEENTH DAY OF JUNE, A.D. 2020.

FILED
2020 OCT 21 PM 2:23
CLERK OF STATE
TALLAHASSEE, FLORIDA




Jeffrey W. Bullock, Secretary of State

3070127 8300

SR# 20207560915

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203783034

Date: 10-02-20