6/14/2021

DMsion of Corporations

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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 : (813)229-7600 : (813)229-1660 Fax Number

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: arichards@shumaker.com



Foreign Limited Liability Company TDN Lab, LLC

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COVER LETTER

	TON LAB, LLC				
J BJECT :	Name of Limited Liability Company				
ie enclosed distence, ai	d "Application by Foreign Limited Liability Cond check are submitted to register the above re	company for Authorization to Transact Business in Florida," Certificate ferenced foreign limited liability company to transact business in Flori			
ese retur	all correspondence concerning this matter to	the following:			
	April Richards				
		Name of Person			
	Shumaker, Loop& Kendrick, LLP				
		Firm/Company			
	101 East Kennedy Blvd., Suite 2800				
		Address			
	Tampa, FL 33602				
	Cit	ty/State and Zip Code			
	arichards@shumaker.com	<u>·</u>			
	E-mail address: (to be	used for future annual report notification)			
or further	information concerning this matter, please call	Ŀ			
A	pril Richards	813 227-2355 at ()			
_	Name of Contact Person	Area Code Daytime Telephone Number			
	failing Address: egistration Section	Street Address: Registration Section			
	ivision of Corporations	Division of Corporations			
	.O. Box 6327	The Centre of Tallahassee			
T	allahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
P	nclosed is a check for the following amount: lease make check payable to: FLORIDA DEP S125.00 Filing Fee S130.00 Filing Fe Certificate o	e & S155.00 Filling ree at S100.00 I had 1 or other			

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

(Name of Foreign Limited Liability Company, must include "Limited Hability Company," "LLC." or "LLC.") (Name cravillable, mire alternate name adopted for the purpose of measuring business in Pleida. The alternate name must include "Limited Liability Company," "LLC," or "LLC." or "LLC.") Deliaware 2. (Inflicitors under the law of which twings limited liability company is organized) 4. (Inflicitors under the law of which twings limited liability company is organized) (Pill member, if explicable) (Street Address of Fincipal Office) Tampa, FL 33609 Tampa, FL 33609 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Tampa (Cery) (Cery) (Cery) (Cery) 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 agreed to comply with the provision 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. Characterists.	, TON Lab, LLC						
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manage [up to six (6) total]:	8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or permanage [up to six (6) total]:	rsons authorized to
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Title or Capacity;	Name and Address:	Title or Capacity:	Name and Address:
	Name: Christina Nethero	□Manager	Name:
_ □Member	Address:	□Member	Address:
■ Authorized	Suite 2800	Authorized	
Person	Tampa, FL 33602	Person	
Other	□Other	□Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		☐ Authorized	
Person		Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	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. 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.

Christian C. Nethero	_
Christina Nothero	

Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "TON 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 ELEVENTH DAY OF JUNE, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

5986937 8300

SR# 20212429537

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

Authentication: 203430213

Date: 06-11-21