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SECRETARY OF STATE

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COVER LETTER

TO:	Registration Section Division of Corporations			
	ZBL Laboratory Services LLC			
SUBJECT: Name of Limited Liability Company				
The enc Existent	losed "Application by Foreign Limited Liability Coe, and check are submitted to register the above t	Company for Authorization ceferenced foreign limited	on to Transact Business in Florida," Certificate of I liability company to transact business in Florida.	
Please r	eturn all correspondence concerning this matter to	a the following.		
	Niaohui Zhang			
		Name of Person		
			_	
		Firm/Company		
	10538 Cory Lake Dr.			
		Address		
	Tampa, FL 33647			
	(Tity/State and Zip Code		
	xhzhangó9@yahoo.com			
	F-mail address; (to b	e used for future annual i	eport notification)	
For für	ther information concerning this matter, please co	dl:		
	Niaohui Zhang	813	9666337	
	Name of Contact Person	Area Code	Daytime Telephone Number	
	Mailing Address: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, F1, 32314		rporations Fallahassee ce Street, Suite 810	
	Enclosed is a check for the following amount: Please make check payable to: FLORIDA DE \$\Begin{align*}	lee & == E \$155,00 Fili	TE ng Fee & T1 \$160.00 Filing Fee, Certificate	

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

IN COMPLIANCE WITH SECTION 605 OND, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TOTRANSACT BUSINESS IN THE STATE OF FLORIDA:

•	s LLC imited Erability Company, must include "Eimited	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,		
same unavastable enter alternate na	me adopted for the purpose of transacting business in Flo	inda. The alternate name mus	t include "Limited Liabili	ly Company," "L.L.	C," or "LLC
DELAWARE	,,,,	87-4508160			
	ich foreign limited habilits company is organized)		(FEI number, r	Capplicable	
(Jurisdiction under the law of wh	ich foreign littited babilits company is organized)		(71.1 number, s	таррислогея	
February 1st, 2022				TALI	2022 FEB
	(Date first transacted business in Florida, if prior to r (See sections 605 0901 & 605 0905, U.S. to determin	egistration) se penalty hability)			FEB
10538 Cory Lake Dr		10538 Cory	Lake Dr.	NSSV VERV	1
reet Address of Principal Office)		6. (Marting A	ddress)	F-93	强
Tampa, FL 33647		Tampa, F1. 3	3647	ET 01	بغ
	<u> </u>				0
				<u> </u>	-· -
. Name and street addres	s of Florida registered agent: (P.O. Box	NOT acceptable)		TARY D	i
Nume:	Xiaohui Zhang			F STATE FLORIDA	1
Office Address:	10538 Cory Lake Dr.			DA DA	•
	Tampa		33647		

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.

mon us registered ugent.

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:	Title or Capacity:	Name and Address:
□Manager	Name: Xiaohui Zhang	□Manager	Name: Silvia Bunting
■Member	Address:	■Member	Address: 1322 Majesty Ter
□Authorized	Tampa, FL 33647	□Authorized	Weston, FL 33327
Person		Person	
□Other	□Other	□Other	□Other
□Manager	Amfed Leon Name:	[]Manager	Name:
■Member	Address:	□Member	Address:
□Authorized	Hollywood, FL 33019	□Authorized	
Person		Person	
Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	TlMember	Address:
□Authorized	· — ·	TlAuthorized	
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.

Signature of an authorized person

<u>Delaware</u>

The First State

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

DELAWARE, DO HEREBY CERTIFY "ZBL LABORATORY SERVICES 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 THIRTY-FIRST DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ZBL LABORATORY SERVICES LLC" WAS FORMED ON THE EIGHTEENTH DAY OF JANUARY, A.D. 2022.

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



Jeffrey W Duffoce Secretary of State

Authentication: 202529795