

M2200000 6033

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

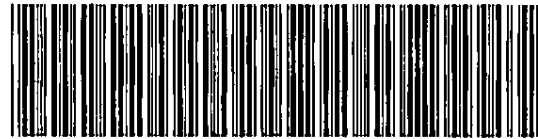
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Comprehensive Labs, Limited Liability Company

\_\_\_\_\_  
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:

Andrea Perez

\_\_\_\_\_  
Name of Person

Comprehensive Labs, LLC

\_\_\_\_\_  
Firm/Company

926 N Wilcrest St Suite 200

\_\_\_\_\_  
Address

Houston, TX 77079

\_\_\_\_\_  
City/State and Zip Code

aperez@weaverwellnessclinic.com

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

For further information concerning this matter, please call:

Andrea Perez

484

935-1145

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. Comprehensive Labs 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. Texas  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 87-1688735  
(FEI number, if applicable)

4. 04/01/2022  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 926 N Wilcrest St Suite 200  
(Street Address of Principal Office)

6. 926 N Wilcrest St Suite 200  
(Mailing Address)

Houston, TX 77079

Houston, TX 77079

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

Name: ZenBusiness Inc.

Office Address: 336 E College Ave Suite 301

Tallahassee, Florida 32301  
(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]:

Title or Capacity:                      Name and Address:

☐ Manager      Name: Mickey Weaver

☐ Member      Address: 3407 EMERSON DR

☒ Authorized      Montgomery, TX 77356

Person

☐ Other      ☐ Other

☒ Manager      Name: Spencer Mitchell

☐ Member      Address: Same as Above

☐ Authorized

Person

☐ Other      ☐ Other

☒ Manager      Name: Shehzad Dhal

☐ Member      Address: Same as above

☐ Authorized

Person

☐ Other      ☐ Other

Title or Capacity:                      Name and Address:

☐ Manager      Name: Andrea Perez

☐ Member      Address: 18007 Drum Heller Ln

☒ Authorized      Tomball, TX 77377

Person

☐ Other      ☐ Other

☒ Manager      Name: Kenneth King

☐ Member      Address: Same as above

☐ Authorized

Person

☐ Other      ☐ Other

☐ Manager      Name:

☐ Member      Address:

☐ Authorized


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

Andrea Perez



## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Comprehensive Labs, Limited Liability Company (file number 804117152), a Domestic Limited Liability Company (LLC), was filed in this office on June 20, 2021.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2022.



A handwritten signature of John B. Scott in black ink.

John B. Scott  
Secretary of State