M24000008356

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

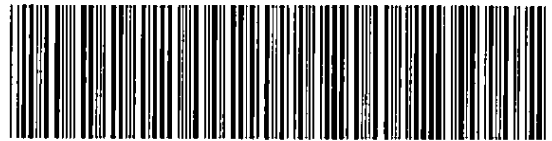☐ PICK-UP   ☐ WAIT   ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____   Certificates of Status _____

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SE...TARY OF STATE
TALLAHASSEE, FL

COVER LETTER

TO: **Registration Section**
           Division of Corporations

           Final Stop Lab Solutions, LLC

SUBJECT: _____

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:

Latrice Hill, Managing Member

_____

Name of Person

Final Stop Lab Solutions, LLC

_____

Firm/Company

4300 Biscayne Blvd Ste 203

_____

Address

Miami, FL 33137

_____

City/State and Zip Code

admin@finalstoplabsolutions.com

_____

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

For further information concerning this matter, please call:

Latrice Hill, Managing Member   305   7265075

_____ at (_____) _____
Name of Contact Person   Area Code   Daytime Telephone Number

Mailing Address: **Street Address:**
Registration Section   Registration Section
Division of Corporations   Division of Corporations
P.O. Box 6327   The Centre of Tallahassee
Tallahassee, FL 32314   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 &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee, Certificate
                           Certificate of Status   Certified Copy   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:

Final Stop Lab Solutions, LLC

1. _____
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

N/A

_____
(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.")

Wyoming   99-1852123

2. _____   3. _____
(Jurisdiction under the law of which foreign limited liability company is organized)   (FEI number, if applicable)

N/A

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

30 N Gould St   1280 NW 84th Ter

5. _____   6. _____
(Street Address of Principal Office)   (Mailing Address)

Ste R   Miami, FL 33147

_____
Sheridan, WY 82801

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

Name: Latrice Hill, Managing Member
_____

                   4300 Biscayne Blvd Ste 203
Office Address: _____

                   Miami   33137
                   _____ , Florida _____
                              (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.

By: *Latrice-Monique: Hill, agent*
_____
(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:**	**Title or Capacity:**	**Name and Address:**
■Manager	Latrice Hill Name: _____	□Manager	Name: _____
■Member	4300 Biscayne Blvd Address: _____	□Member	Address: _____
■Authorized	Ste 203 _____	□Authorized	_____
Person	Miami, FL 33137 _____	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.

By: *Latrice-Monique Hill, agent*
<div align="center">Signature of an authorized person</div>

By: Latrice-Monique: Hill, Managing Member

_____
<div align="center">Typed or printed name of signee</div>

STATE OF WYOMING
Office of the Secretary of State

I, CHUCK GRAY, Secretary of State of the State of Wyoming, do hereby certify that according to the records of this office,

FINAL STOP LAB SOLUTIONS, LLC

is a

Limited Liability Company

formed or qualified under the laws of Wyoming did on **March 12, 2024** with a delayed effective date of April 1, 2024, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2024-001424174**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 20th day of June, 2024 at 12:23 PM. This certificate is assigned ID Number 073737425.

_____
Secretary of State