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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (614)280-3338
Fax Number : (614)573-3996

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

Email Address: ali.earnhart@antechdx.com

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**Foreign Limited Liability Company
BIOTECH LABORATORIES U.S.A. LLC**

Certificate of Status	0
Certified Copy	1
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K. SALY

OCT 29 2024

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

IN COMPLIANCE WITH SECTION 605.0602, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. BIOTECH LABORATORIES U.S.A. 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 45-5024261
(Jurisdiction under the law of which foreign limited liability company is organized) (Fed. number, if applicable)

4. September 1, 2021
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0604 & 605.0605, F.S., to determine penalty liability)

5. BIOTECH LABORATORIES U.S.A. LLC
(Street Address of Principal Office)

6. BIOTECH LABORATORIES U.S.A. LLC
(Mailing Address)

12500 WASHINGTON AVENUE

4550 Byrd Drive

ROCKVILLE, MD 20852 US

Loveland, CO 80538

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) , Florida (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.

C T Corporation System Stephen Rullis, Assistant Secretary
Stephen Rullis
(Registered agent's signature)

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TALLAHASSEE, FLORIDA

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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]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>Nefertiti Greene</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Giambattista Martano</u>
<input type="checkbox"/> Member	Address: <u>4550 Byrd Drive</u>	<input type="checkbox"/> Member	Address: <u>4550 Byrd Drive</u>
<input type="checkbox"/> Authorized	<u>LOVELAND, CO 80538 US</u>	<input type="checkbox"/> Authorized	<u>LOVELAND, CO 80538 US</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Chinta Lamichhane</u>	<input type="checkbox"/> Manager	Name: <u>Rachel Lynn</u>
<input checked="" type="checkbox"/> Member	Address: <u>12300 WASHINGTON AVENUE</u>	<input type="checkbox"/> Member	Address: <u>4550 Byrd Drive</u>
<input type="checkbox"/> Authorized	<u>ROCKVILLE, MD 20852</u>	<input checked="" type="checkbox"/> Authorized	<u>LOVELAND, CO 80538</u>
Person	_____	Person	<u>Officer</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

Signed by: Rachel Lynn
 2428C9BF17264D3 Signature of an authorized person

Rachel Lynn

Typed or printed name of signer

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BIOTECH LABORATORIES U.S.A. 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 TWENTY-SECOND DAY OF OCTOBER, A.D. 2024.

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

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TALLAHASSEE, FLORIDA

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

6211153 8300

SR# 20244007379

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

Authentication: 204686921

Date: 10-22-24