CERTIFIED TO BE A TRUE AND CORRECT COPY
AS TAKEN FROM AND COMPARED WITH THE
ORIGINAL ON FILE IN THIS OFFICE

Mar 17 2023
REFERENCE ID: 1254667

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

Filing ID: 230317-1046470

Filing Date: 03/17/2023

STATE OF SOUTH CAROLINA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws Section 33-44-202 and Section 33-44-203.

1. The name of the limited liability company **(Company ending must be included in name*)**

Affordable Lab & Testing Solutions, LLC

***Note: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", "L.C.", "LC", or "Ltd. Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is
1552 Oakridge Rd

(Street Address)

Gresham, South Carolina 29546

(City, State, Zip Code)

3. The initial agent for service of process is

Ashley Gause

(Name)

(Signature of Agent)

And the street address in South Carolina for this initial agent for service of process is:
1552 Oakridge Rd

(Street Address)

Gresham (City) South Carolina 29546 (Zip Code)

4. List the name and address of each organizer. Only one organizer is required, but you may have more than one.

(a)
Ashley Gause

(Name)
1552 Oakridge Rd

(Street Address)

Gresham, South Carolina 29546

(City, State, Zip Code)

SC Secretary of State
Mark Hammond

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Affordable Lab & Testing Solutions, LLC

Name of Limited Liability Company

(b)

(Name)

(Street Address)

(City, State, Zip Code)

5. ☐ Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. _____

6. ☐ Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a)

(Name)

(Street Address)

(City, State, Zip Code)

(b)

(Name)

(Street Address)

(City, State, Zip Code)

7. ☐ Check this box only if one or more of the members of the company are to be liable for its debts and obligations under Section 33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time _____.

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Affordable Lab & Testing Solutions, LLC

Name of Limited Liability Company

9. Any other provisions not consistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Ashley Gause

Signature of Organizer

Date: 03/17/2023

Signature of Organizer

Date: _____