

F13000004347

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

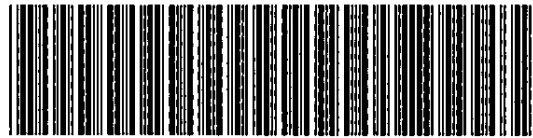
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

md 10/8

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Diagnostic Cytogenetics, Incorporated
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Name of Person
Diagnostic Cytogenetics Incorporated
Firm/Company
1525 13th Ave
Address
Seattle, WA 98122
City/State and Zip code
RONI@DIAGNOSTICCYTOGENETICS.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MICHELE BAILEY or RONI AU at (206) 328-2026
Name of Person Area Code & Daytime Telephone Number

STREET/COURIER ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

MAILING ADDRESS:
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

13 OCT -7 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Diagnostic Cytogenetics Incorporated
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Washington 3. 91-1134800
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 03/11/1981 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 1525 13th Ave Seattle, WA 98122
(Principal office address)

1525 13th Ave Seattle, WA 98122
(Current mailing address)

8. Clinical Cytogenetics Laboratory
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

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

Name: DAN LUCKY

Office Address: 2455 SOUTH PONTE VEDRA BEACH BLVD
PONTE VEDRA BEACH, Florida 32082
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation 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.

Dan Lucky

(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Indira Mehta, PhD

Address: 1525 13th Ave
Seattle, WA 98122

Director: Katherine Leppig, MD

Address: 1525 13th Ave
Seattle, WA 98122

B. OFFICERS

President: Kam Au

Address: 1525 13th Ave
Seattle, WA 98122

Vice President: _____

Address: _____

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13.  _____
Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that 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.

14. INDIRA MEHTA
(Typed or printed name and capacity of person signing application)

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13 OCT -7 PM 12:35
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

UNITED STATES OF AMERICA

The State of Washington



Secretary of State

I, **KIM WYMAN**, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF DIAGNOSTIC CYTOGENETICS INCORPORATED

13 OCT - 7 PM 12:35
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

I **FURTHER CERTIFY** that the records on file in this office show that the above named Profit Corporation was formed under the laws of the State of WA and was issued a Certificate Of Incorporation in Washington on 3/11/1981.

I **FURTHER CERTIFY** that as of the date of this certificate, **DIAGNOSTIC CYTOGENETICS INCORPORATED** remains active and has complied with the filing requirements of this office.

Date: September 16, 2013

UBI: 600-395-471



Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State