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(Re	questor's Name)	
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SECRETARY OF SIANE

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#### **COVER LETTER**

то:	New Filing Se Division of Co			
SUBJ	ECT·	Genex Laboratory Pr	ofessional Corporation	
50150	<u> </u>	Name of corpora	ition - must include suffix	
Dear S	ir or Madam:			
"Certif	ficate of Existen		for Authorization to Transac Standing" and check are sub- siness in Florida.	
Please	return all corre	spondence concerning this m	atter to the following:	
Halet	n Farzanmehi	•		
		Name	e of Person	
Gene	x Laboratory	Professional Corporatio	n	
		Firm/0	Company	
1376	66 Alton Pk	wy #144		
		A	ddress	
Irvin	e, CA 926	18-1622		
		City/Sta	te and Zip code	
haleh	_farzanmehr	@yahoo.com		
		E-mail address: (to be us	sed for future annual report n	otification)
For fu	ther information	n concerning this matter, plea	ase call:	
Halet	n Farzanmehr	703	、371-6707	
	Name of Pers	on A	rea Code & Daytime Telepho	one Number
	New Filing Se Division of Co Clifton Building	orporations ng re Center Circle	MAILING AI New Filing Sec Division of Co P.O. Box 6327 Tallahassee, FI	ction rporations
Enclos	ed is a check fo	r the following amount:		
<b>□</b> \$70	0.00 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

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.	boratory Professional Corpor	W4 87 W 1 7
	corporation; must include "INCORPORATE Corp," "Inc," "Co," or "Corp.")	D," "COMPANY," "CORPORATION,"
Genex Diag	nostic Laboratory	<del>.</del>
(If name unavai		ne adopted for the purpose of transacting business in Florida)
California,	USA -	3. 45-2215107
(State or country	under the law of which it is incorporated)	(FEI number, if applicable)
04/13/2011		Perpetual
	e of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
Upon filling		
*	Pkwy # 144 Irvine, CA 92618-16 (Principal office at Pkwy # 144 Irvine, CA 92618-1) (Current mailing at	ddress) 622
13766 Alton	(Principal office as Pkwy # 144 Irvine, CA 92618-1 (Current mailing as	ddress) 622 ddress)
13766 Alton	(Principal office at Pkwy # 144 Irvine, CA 92618-1	ddress) 622 ddress)
13766 Alton	(Principal office as Pkwy # 144 Irvine, CA 92618-1 (Current mailing as	ddress) 622 ddress)  country to be carried out in state of Florida)
13766 Alton	(Principal office as Pkwy # 144 Irvine, CA 92618-1 (Current mailing as t Clinical Laboratory s) of corporation authorized in home state or	ddress) 622 ddress)  country to be carried out in state of Florida)  P.O. Box NOT acceptable)
13766 Alton Independen (Purpose(a) Name and street	(Principal office as Pkwy # 144 Irvine, CA 92618-1  (Current mailing as t Clinical Laboratory  s) of corporation authorized in home state or et address of Florida registered agent: (F	ddress)  622  ddress)  country to be carried out in state of Florida)  P.O. Box NOT acceptable)
13766 Alton  Independen  (Purpose(i	(Principal office as Pkwy # 144 Irvine, CA 92618-1 (Current mailing as t Clinical Laboratory a) of corporation authorized in home state or et address of Florida registered agent: (Business Filings Incorporated	ddress)  622  ddress)  country to be carried out in state of Florida)  P.O. Box NOT acceptable)

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.

Mary Jo Spalinger, Asst-Secretary
(Registered agent's signature)

<sup>11.</sup> 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: Haleh Farzanmehr 9 MacArthur Pl. Unit # 603 Address: Santa Ana, CA 92707 Vice Chairman: Address: Director: Director: \_\_\_ **B. OFFICERS** President: Haleh Farzanmehr 9 MacArthur Pl. Unit # 603 Address: Santa Ana, CA 92707 Vice President: Address: Secretary: Address: Treasurer: Address: \_\_\_\_ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. 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. Haleh Farzanmehr, President

(Typed or printed name and capacity of person signing application)

### State of California

### **Secretary of State**

CERTIFICATE OF STATUS

#### ENTITY NAME:

GENEX LABORATORY PROFESSIONAL CORPORATION

FILE NUMBER: FORMATION DATE:

C3373495 04/13/2011

TYPE:

DOMESTIC CORPORATION

JURISDICTION:

CALIFORNIA

STATUS:

ACTIVE (GOOD STANDING)

14 MAR 26 AH 2: 27

I, DEBRA BOWEN, Secretary of State of the State of California, hereby certify:

The records of this office indicate the entity is authorized to exercise all of its powers, rights and privileges in the State of California.

No information is available from this office regarding the financial condition, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 12, 2014.

DEBRA BOWEN Secretary of State