

M23000007015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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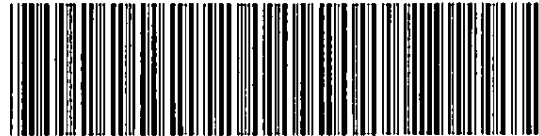
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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2023 MAY 31 PM 11:46

STATE
CLERK

RECEIVED
2023 MAY 31 AM 11:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JUN 01 2023

K. Brumley

[Handwritten signature]



115 N CALHOUN ST., STE. 4
TALLAHASSEE, FL 32301
P: 866.625.0838
F: 866.625.0839
COGENCYGLOBAL.COM

Account#: I20000000088

Date: 05/31/2023

Name: Merritt Walker

Reference #: 2012494

Entity Name: ACCESS MEDICAL LABORATORIES, LLC

☒ Articles of Incorporation/Authorization to Transact Business

☐ Amendment

☐ Change of Agent

☐ Reinstatement

☐ Conversion

☐ Merger

☐ Dissolution/Withdrawal

☐ Fictitious Name

☒ Other CERTIFIED COPY OF THE FILING EVIDENCE

Authorized Amount: \$155

Signature: mw

✪ CORPORATE HQ
COGENCY GLOBAL INC.
10 E 40TH ST, 10TH FL
NY, NY 10016
D: +1.212.947.7200
P: 800.221.0102
F: 800.944.6607

✪ EUROPEAN HQ
COGENCY GLOBAL (UK) LIMITED
REGISTERED IN: ENGLAND & WALES,
REGISTRY #8010712
6 LLOYDS AVE, UNIT 4CL
LONDON EC3N 3AX
+44 (0)20.3961.3080

✪ ASIA PACIFIC HQ
COGENCY GLOBAL (HK) LIMITED
A HONG KONG LIMITED COMPANY
UNIT B, 11/F, LIPPO LEIGHTON TOWER
103 LEIGHTON RD, CAUSEWAY BAY
HONG KONG
P: +852.2682.9633
F: +852.2682.9790

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. Access Medical Laboratories, 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 59-3764882
(Jurisdiction in which foreign limited liability company is organized) (FEI number, if applicable)

4. Upon Filing
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0901 & 605.0903 F.S. to determine penalty liability.)

5. 5151 Corporate Way 5151 Corporate Way
(Street address of Principal Office) (Mailing Address)
Jupiter, FL 33458 Jupiter, FL 33458

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

Name: Cogency Global Inc.
Office Address: 115 North Calhoun Street, Suite 4
Tallahassee, Florida 32301
(City) (Zip code)

2023 MAY 31 PM 11:46

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.

Meritt Walker, Asst. Secretary
(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):

| <u>Title or Capacity:</u> | <u>Name and Address:</u> | <u>Title or Capacity:</u> | <u>Name and Address:</u> |
|--|--------------------------------------|--|--------------------------------------|
| <input type="checkbox"/> Manager | Name: <u>Mohamed El-Hosseiny</u> | <input type="checkbox"/> Manager | Name: <u>Susan El-Hosseiny</u> |
| <input type="checkbox"/> Member | Address: <u>5151 Corporate Way</u> | <input type="checkbox"/> Member | Address: <u>5151 Corporate Way</u> |
| <input type="checkbox"/> Authorized | <u>Jupiter, FL 33458</u> | <input type="checkbox"/> Authorized | <u>Jupiter, FL 33458</u> |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>President & Treasurer</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Secretary and SVP</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Ryan El-Hosseiny</u> | <input type="checkbox"/> Manager | Name: <u>Sharif El-Hosseiny</u> |
| <input type="checkbox"/> Member | Address: <u>5151 Corporate Way</u> | <input type="checkbox"/> Member | Address: <u>5151 Corporate Way</u> |
| <input type="checkbox"/> Authorized | <u>Jupiter, FL 33458</u> | <input type="checkbox"/> Authorized | <u>Jupiter, FL 33458</u> |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Chairman</u> | <input type="checkbox"/> Other _____ | <input checked="" type="checkbox"/> Other <u>Chief Executive Officer</u> | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Manager | Name: <u>Adam El-Hosseiny</u> | <input type="checkbox"/> Manager | Name: _____ |
| <input type="checkbox"/> Member | Address: <u>5151 Corporate Way</u> | <input type="checkbox"/> Member | Address: _____ |
| <input type="checkbox"/> Authorized | <u>Jupiter, FL 33458</u> | <input type="checkbox"/> Authorized | _____ |
| Person | _____ | Person | _____ |
| <input checked="" type="checkbox"/> Other <u>Chief Operating Officer</u> | <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.

✓ 
Signature of an authorized person

Mohamed El-Hosseiny

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ACCESS MEDICAL LABORATORIES, 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 THIRTY-FIRST DAY OF MAY, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ACCESS MEDICAL LABORATORIES, LLC" WAS FORMED ON THE TWENTY-SECOND DAY OF MAY, A.D. 2023.

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



7474390 8300

SR# 20232536330

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

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

Authentication: 203448041

Date: 05-31-23