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To:			
	Division of Corporations		
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From:		;	<b>~</b> :
	Account Name : C T CORPORATION SYSTEM	$\sum_{i} Q^{i}$	2019
	Account Number : FCA000000023	<u> </u>	
	Phone : (614)280-3338	<b>→</b> ?	ŢĒ.
	Fax Number : (954)208-0845	Ξ,	H.R
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## First Check Diagnostics, LLC

Certificate of Status	0
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Corporate Filing Menu

Help

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

	TION 605.0902. FLORIDA STATUTES, TI ISBNESS IN THE STATE OF FLORIDA:	HE FOLLOWING IS SUBMITTED TO REGIST.	ER A FOREIGN LIMITED LIABILITY
First Check Diagnostics (Name of Foreign	s, LLC Limited Liability Company, must include "L	Limited Liability Company," "L.L.C.," or "LLC.")	
(If nome maveilable, enter alternate n	ame adopted for the purpose of trestacting business	in Florida. The alternate name must include "Limited Lie"	bility Company," "L.L.C," or "U.C.")
2. Delaware	nich foreign limited hability company is organized)	7	er, if applicable)
4. n/a			
	(Date first transacted business in Florida, if p (See sections 605,0904 & 605,0905, F.S. to a	rior to registration.) determine possity imbility)	
5. 100 Abbott Park Road		6. 9975 Summers Ridge Road	1
(Street Address of Abbott Park, IL 60064		San Diego, CA 92121	
<del></del>			
	s of Florida registered agent: (P.O.  C T Corporation System	Box <u>NOT</u> acceptable)	TALL SEE THOMES SEE TO AND THE SEE THE PROPERTY OF STATES OF SEE THE PROPERTY OF SEC T
Name:		<del></del>	£ 1.5
Office Address:	1200 South Pine Island Road	<del></del>	
	Plantation (City)	, Florida <u>33324</u>	
to comply with the provisi	lons of all statutes relative to the pr s of my position as registered agent By: CT Corporation Syste	ent as registered agent and agree to act roper and complete performance of my t.  an Killad Jankinberly Lan	dutles, and I am familiar with ughrey, Assistant Secretary
	(Registered a	gani's signature)	
8. The name, title or cape Title or Capacity:	acity and address of the person(s) w Name and Address:	ho has/have authority to manage is/are: Title or Capacity:	Name and Address:
Manager	Karen M. Peterson		
	100 Abbott Park Road Abbott Park, IL, 60064	<del></del>	
	_		
		<u> </u>	
(Use attachments if neces		·	
9. Attached is a certificate jurisdiction under the law of the translator must be s	of which it is organized. (If the cert	old, duly authenticated by the official ha ificate is in a foreign language, a translat	aving custody of records in the tion of the certificate under oath
10. This document is executed in a document to	outed in accordance with section 605 to the Department of State constitutes	.0203 (1) (b), Florida Statutes. 1 am awa s a third degree felony as provided for in	re that any false information s.817.155, F.S.
	- Jem -	gnature of an authorized person	
	○	faritamen on an arrangement becoom	
	Jessica H. Palk, Secretary		<del></del>
	,	yped or printed name of signer	

## Delaware The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FIRST CHECK DIAGNOSTICS, 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 EIGHTEENTH DAY OF MARCH, A.D. 2019.

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

Authentication: 202466932

Date: 03-18-19