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## COVER LETTER

	Filing Section	itions			
SUBJECT:	Malaari		stics	Laboratories, l	nc.
SUBJECT.				on - must include suffix	· · ·
Dear Sir or M	1adam:				•
"Certificate of	of Existence," of		Good Sta	anding" and check are su	act Business in Florida," bmitted to register the
Please return	all correspond	ence concerning	this matt	er to the following:	
Frank S	6. Genba	uffe, Jr.			
			Name o		
Molecu	lar Diagn	ostics Lat	-		
000 D		_ 1	Firm/Co	mpany	
632 Ru	ssell Stre	et			
Covingt	on, KY 4	41011	Add	ress	
_			•	and Zip code	
frank.ge		mdl-labs.c		1.6.6	
For further in		c-mail address: (t		for future annual report	nouncation)
Frank C	Senbauffe	9	,513	407-9046	
Nam	e of Person	ai	Area	Code & Daytime Telep	hone Number
New Divis Clift 2661 Talla	Filing Section sion of Corpora on Building Executive Cer hassee, FL 32	ntions nter Circle	ı <b>1</b> ·	MAILING A New Filing S Division of C P.O. Box 632 Tallahassee,	Section Corporations 27
Enciosed is a	check for the	ionowing amoun	ıt.		
□ \$70.00 Fi	ling Fee	\$78.75 Filing F Certificate of S		□ \$78.75 Filing Fee & Certified Copy	Sand Status & Certified Conv

### 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.

Is name unavaila KANTUC	•	e adopted for the purpose of transacting business in Florida)  Not applicable	
<u>-                                 </u>	inder the law of which it is incorporated)	(FEI number, if applicable)	-
4. May 28, 2	2009	Perpetual	
	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")	
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liability)	_
<sub>7.</sub> 632 Russe	ell Street Covington, KY		
	(Principal office ad		<b></b>
632 Russe	Il Street Covington, KY 4		=
<sub>s.</sub> Diagnosti			14 APR 22 PM 4: 03
(Purpose(s)	of corporation authorized in home state or c	country to be carried out in state of Florida)	7
Name and street	address of Florida registered agent: (P	O. Box NOT acceptable)	PH
o. Harne and acces	NRAI Services, Inc.		<b>:</b>
Name:	· · · · · · · · · · · · · · · · · · ·		
Name:	NRAI 1200 S. Pine Island	Rd.	<u>ت</u>
Name:	NRAI 1200 S. Pine Island Plantation	<del></del>	<u>ت</u>
<del></del>		Rd.  . Florida 33324  (Zip code)	3
Name: Office Address:  10. Registered ag Having been name designated in this offirther agree to co	Plantation (City) ent's acceptance: ad as registered agent and to accept ser application, I hereby accept the appoin amply with the provisions of all statutes antiliar with and accept the obligations Rac	Florida 33324  (Zip code)  vice of process for the above stated corporation at the timent as registered agent and agree to act in this cap relative to the proper and complete performance of	e place pacity. I

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: Nigel Meade Ferrey Address: 8170 Howe Road Burlington, KY 41005 Vice Chairman: Address: B. OFFICERS President: Brad Denham Address: 632 Russell Street Covington, KY 41011 Vice President: Katherine Reeves Address: 632 Russell Street Covington, KY 41011 Secretary: Deborah Reuscher Address: 632 Russell Street Covington, KY 41011 Treasurer: Deborah Reuscher Address: 632 Russell Street Covington, KY 41011 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.

Brad Denham, President of Molecular Diagnostics Laboratories, Inc.

## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sos.ky.gov

#### Certificate of Authorization

Authentication number, 149900

Visit https://app.sos.ky.gov/ftshow/certvalidate.aspx to authenticate this certificate.

1, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

#### MOLECULAR DIAGNOSTICS LABORATORIES, INC

, a corporation organized under the laws of the state of Ohio, is authorized to transact business in the Commonwealth of Kentucky, and received the authority to transact business in Kentucky on May 28, 2009.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that an application for certificate of withdrawal has not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my Official Seal at Frankfort, Kentucky, this 17<sup>th</sup> day of April, 2014, in the 222<sup>nd</sup> year of the Commonwealth.



Misor Surdergan Orimes

Alison Lundergan Grimes

Secretary of State

Commonwealth of Kentucky

149900/0730748

Commonwealth of Kentucky Alison Lundergan Grimes, Secretary o PARP

0730748

Alison Lundergan Grimes KY Secretary of State Received and Filed 2/18/2014 2:16:44 PM

Fee receipt: \$15.00

Alison Lundergan Grimes Secretary of State P. O. Box 1150 Frankfort, KY 40602-1150 (502) 564-3490 http://www.sos.ky.gov

# Annual Report Online Filing

**ARP** 

Company:

MOLECULAR DIAGOSTICS LABORATORIES, INC

Company ID:

0730748 Ohio

State of origin: Formation date:

5/28/2009 12:00:00 AM 2/18/2014 2:16:44 PM

Date filed: Fee:

\$15.00

**Principal Office** 

632 RUSSELL STREET COVINGTON, KY 41011

Registered Agent Name/Address

DEBORAH REUSCHER 632 RUSSELL ST COVINGTON, KY 41011

Current Officers

COO

Charles D LeCroix

8344 Weller Road Cincinnati, OH 45242

**Directors** 

Director

Nigel Meade Ferrey

8170 Howe Rd Burlington, KY 41005

Signatures

Signature

Nigel M. Ferrey

Title

Chairman of Board of Directors