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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

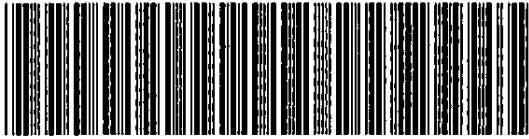
PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 APR 22 PM 4:03

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B 4/22/14

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Molecular Diagnostics Laboratories, Inc.

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:

Frank S. Genbauffe, Jr.

Name of Person

Molecular Diagnostics Laboratories, Inc.

Firm/Company

632 Russell Street

Address

Covington, KY 41011

City/State and Zip code

frank.genbauffe@mdl-labs.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Frank Genbauffe

Name of Person

at (513) 407-9046

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 TRANACT BUSINESS IN FLORIDA

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

1. Molecular Diagnostics Laboratories, Inc.

(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. Kentucky 3. Not applicable
(State or county under the law of which it is incorporated) (FEI number, if applicable)

4. May 28, 2009 5. Perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Not applicable
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 632 Russell Street Covington, KY 41011
(Principal office address)

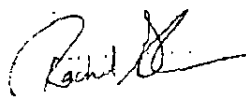
632 Russell Street Covington, KY 41011
(Current mailing address)

8. Diagnostic Testing
(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: NRAI Services, Inc.
Office Address: NRAI 1200 S. Pine Island Rd.
Plantation Florida 33324
(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.

By:  Rachel Glasheen, VP & Assistant Secretary
NRAI Services, Inc.
(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.

14 APR 22 PM 4: 03
SECRETARY OF STATE
DIVISION OF CORPORATE AFFAIRS

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: _____

Director: _____

Address: _____

Director: _____

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

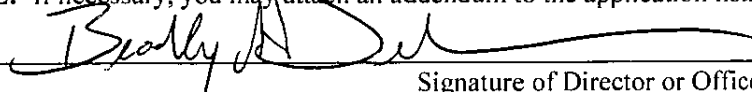
Address: 632 Russell Street Covington, KY 41011

Treasurer: Deborah Reuscher

Address: 632 Russell Street Covington, KY 41011

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SECRETARY GENERAL
DIVISION OF CORPORATIONS
14 APR 22 PM 4:03

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. Brad Denham, President of Molecular Diagnostics Laboratories, Inc.

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

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/flshow/certvalidate.aspx> to authenticate this certificate.

I, 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 17th day of April, 2014, in the 222nd year of the Commonwealth.



Alison Lundergan Grimes
Alison Lundergan Grimes
Secretary of State
Commonwealth of Kentucky
149900/0730748

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

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
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Company: MOLECULAR DIAGNOSTICS LABORATORIES, INC
Company ID: 0730748
State of origin: Ohio
Formation date: 5/28/2009 12:00:00 AM
Date filed: 2/18/2014 2:16:44 PM
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
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Directors

Director	Nigel Meade Ferrey	8170 Howe Rd Burlington, KY 41005
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Signatures

Signature	Nigel M. Ferrey
Title	Chairman of Board of Directors