# F18000003742

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
(Gity/State/Zip/Fittine #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only



400313619484

05/22/18--01018--015 \*\*70.00

FILED

2018 AUG 15 AM 11: 56

SECRETARY OF STATE

W4 DUUY 563

04-15-16



June 29, 2018

MARSHA SIHA 134 VINTAGE PARK BLVD A-50 HOUSTON, TX 77070 US

SUBJECT: CONNECTICUT PATHOLOGY LABORATORIES, INC.

Ref. Number: W18000049563

We have received your document for CONNECTICUT PATHOLOGY LABORATORIES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

of you be conside.

J of your document, Letter Number: 818A00013532

2018 AUG 15 AH 9: 10 Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Janeice L Smith Regulatory Specialist II Registration Section

## **COVER LETTER**

	stration Section sion of Corporations						
SUBJECT:	CONNECTICUT PAT	THOLOGY LA	BORATORIES, INC				
Name of corporation - must include suffix							
Dear Sir or M	fadam:						
"Certificate of	"Application by Foreign C of Existence," or "Certifical need foreign corporation to	te of Good Stand	ling" and check are subn				
Please return	all correspondence concern	ning this matter	to the following:				
MARSHA	SIHA						
		Name of F	erson				
INCFILE.C	OM LLC						
		Firm/Comp	pany				
134 VINTA	AGE PARK BLVD A-50						
	·	Addre	SS				
HOUSTON	N TX 77070						
		City/State an	d Zip code				
		<u>-</u>					
	E-mail addre	ss: (to be used fo	or future annual report no	otification)			
For further in	nformation concerning this	matter, please ca	all:				
MARSHA SIHA		. , 888	、462-3453 X 701	462-3453 X 701			
Name of Person A		Area Code	Daytime Teleph	Daytime Telephone Number			
amp.							
STREET/COURIER ADDRESS: Registration Section			· · · · · · · · · · · · · · · · · · ·	MAILING ADDRESS: Registration Section			
Division of Corporations			Division of Corporations				
Clifton Building 2661 Executive Center Circle			P.O. Box 6327 Tallahassee, FL 32314				
	shassee, FL 32301		rananassec, Fr	. 32314			
Enclosed is a	check for the following an	nount:					
<b>☞</b> \$70.00 Fi	lling Fee		\$78.75 Filing Fee & Certified Copy	S87.50 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.

				_
	able in Florida, enter alternate corporate name	e adopted for the purpose of transaction	ng business in Florida)	-
Connecticut				_
	ry under the law of which it is incorporated)	(FEI mmber, if ap	oplicable)	•
Oct 18, 198		Date of duration, if other		-
•	of incorporation)	(Date of duration, if other	f duration, if other than perpetual)	
UPON REG	ISTRATION			
	(Date first transacted business (SEE SECTIONS 607.1501 & 607.	in Florida, if prior to registration) 1502, F.S., to determine penalty liabili	ity)	
1320 MAIN S	STREET, SUITE 24		.s. 28	
	·	ipal office address)	TACE A	
WILLIMANTI	IC, CT, 06226		AUG CRET	
	(Current mail	ling address, if different)	ER S	
Nome and erra-	et address of Florida registered agent: (P	O Boy NOT assessed	AMII: 56 SSEE, FL	m
Marine and Siles	Legalinc Corporate Services In	- ,	E.F.	
Name:	Legamic Corporate Services III	<del></del>	년 56	
fice Address:	5237 Summerlin Commons #40	<u> </u>		
	Fort Myers, FL	, Florida 33907		
	(City)	(Zip code)		

10. 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Chairman: Address: Vice Chairman: \_\_\_ Address: \_\_ SATHISH KOTHANDARAM 21516 NEW HAMPSHIRE, BROOKVILLE, MD, 20833 **CHRISTINE INGRAHAM** 1320 MAIN ST., STE. 24, WILLIMANTIC, CT, 06226 **B. OFFICERS** SATHISH KOTHANDARAM 21516 NEW HAMPSHIRE, BROOKVILLE, MD, 20833 Address: Vice President: CHRISTINE INGRAHAM Address: 1320 MAIN ST., STE. 24, WILLIMANTIC, CT, 08226 Secretary: Address: Address: NOTE: If decessary, 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 11 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. 13. SATHISH KOTHANDARAM - President

### Office of the Secretary of the State of Connecticut

I, the Connecticut Secretary of the State, and keeper of the seal thereof, DO HEREBY CERTIFY, that the certificate of incorporation of

### CONNECTICUT PATHOLOGY LABORATORIES, INC.

a domestic STOCK corporation, was filed in this office on October 18, 1989, a certificate of dissolution has not been filed, the corporation has filed all annual reports, and so far as indicated by the records of this office such corporation is in existence.

Secretary of the State

in Menk

Date Issued: May 12, 2018

Business ID: 0239410 Express Certificate Number: 2018231815001

Note: To verify this certificate, visit the web site http://www.concord.sots.et.gov