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(Requestor's Name)

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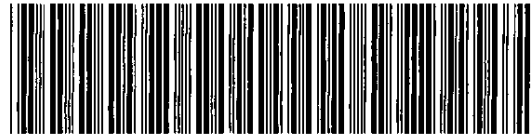
(Business Entity Name)

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DIVISION OF CORPORATIONS
08 JUN 19 AM 9:41

6208-27587
JUN - 5 2008

J. BRYAN

JUN 20 2008

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: CSI Pathology, L.L.C.
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Ron H. Ghafary
(Name of Person)

CSI Pathology, L.L.C.
(Firm/Company)

11525 Park Woods Circle, Suite 202
(Address)

Alpharetta, GA 30005-2422
(City/State and Zip Code)

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For further information concerning this matter, please call:

Sharon Hallberg at (800) 459-1185/678-205-1551
(Name of Person) (Area Code & Daytime Telephone Number)

MAILING ADDRESS:
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

Sharon



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 5, 2008.

RON H. GHAFARY
CSI PATHOLOGY, L.L.C.
11525 PARK WOODS CIRCLE, SUITE 202
ALPHARETTA, GA 30005-2422

SUBJECT: CSI PATHOLOGY, L.L.C.
Ref. Number: W08000027587

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We have received your document for CSI PATHOLOGY, L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain the name, title, and business address of each managing member or manager who will manage the foreign limited liability company in the state of Florida. Please insert "MGRM" in the title portion for each managing member and "MGR" in the title portion for each manager.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return 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) 245-6043.

Joey Bryan
Regulatory Specialist II

Letter Number: 708A00035056



Specialized Cancer Diagnostics™

June 17, 2008

Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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DIVISION OF CORPORATIONS
08 JUN 19 AM 9:41

Subject: CSI Pathology, L.L.C.
Ref. Number: W08000027587

Enclosed please find the necessary corrections as noted in your letter to us dated June 5, 2008. The manager is noted as "MGR" on item #9 of the form and enclosed is the Certificate of Existence for CSI Pathology, L.L.C. dated June 10, 2008. A copy of your letter (letter number 708A00035056) is also enclosed per your instructions.

Thank you.

Sharon Hallberg, MT(ASCP), CLSp(CG)
Quality Manager, CSI Laboratories
Ph: 770-817-0817 ext 238

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

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. CSI Pathology, L.L.C.

(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 and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. Georgia

(Jurisdiction under the law of which foreign limited liability company is organized)

3. (EIN) 20-866-5555

(FEI number, if applicable)

4. March 1, 2007

(Date of Organization)

5. perpetual

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. 11525 Park Woods Circle, Suite 202

Alpharetta, GA 30005-2422

(Street Address of Principal Office)

8. If limited liability company is a manager-managed company, check here ☐

9. The name and usual business addresses of the managing members or managers are as follows:

MGR - Ron Ghafany 11525 Park Woods Circle, Alpharetta GA 30005

10. Attached is an original 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. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: _____

a domestic profit company (clinical diagnostic laboratory)

Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Ron Ghafany CEO/MGR

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

CSI Pathology, L.L.C.

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

Joseph Paglino

(Name)

2131 Hollywood Boulevard, Suite 307

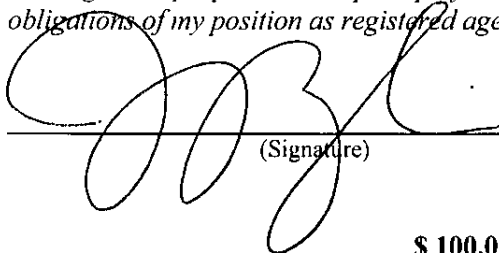
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Hollywood, FL 33020

FL

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

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DIVISION FOR CORPORATIONS
08 JUN 19 AM 9:14 2

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

CSI PATHOLOGY, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 03/01/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 10th day of June, 2008

Karen C Handel
Secretary of State