

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number shown below on the top and bottom of all pages of the document.

((H130000335083)))



H130000335083ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

Foreign Limited Liability Company
Mayo Collaborative Services, LLC

Certificate of Status	0
Certified Copy	0
Page Count	06
Estimated Charge	\$125.00

Please file
2nd after
Inc withdrawal

RECEIVED
13 FEB 12 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu
FEB 26 2013

Corporate Filing Menu

Help

B. KOHR

<https://efile.sunbiz.org/scripts/efilcovr.exe>

2/12/2013

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Mayo Collaborative Services, LLC

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:

Teri Alcott

Name of Person

Mayo Clinic

Firm/Company

200 First St SW

Address

Rochester, MN 55905

City/State and Zip Code

alcott.teri@mayo.edu

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

For further information concerning this matter, please call:

Teri Alcott

Name of Person

at (507) 284-2990

Area Code & Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
Tallahassee, FL 32314

STREET ADDRESS:

Division of Corporations
Registration Section
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

FILED
13 FEB 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
13 FEB 12 AM 10:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

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

1. Mayo Collaborative Services, LLC
(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. Minnesota 3. 41-1346366
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

4. 12/18/2012 5. Perpetual
(Date of Organization) (Duration: Year limited liability company will exist or "perpetual")

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

7. 200 First Street SW, Rochester, MN 55905

(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:

SEE ATTACHMENT

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: _____

Medical laboratory services

Sharon C. Zehe
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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, P.S.)

Sharon C. Zehe

Typed or printed name of signer

Company Summary

Mayo Collaborative Services, LLC

Current Managers:

Name	Title	Term. Date	Address 1
Richard L. Ehman MD	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Marie E. Brown	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Brian J. Meade	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Daniel C. Roine	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Jeffrey R. Froisland	Manager		Mayo Clinic Arizona 13400 East Shea Boulevard Scottsdale, AZ 85259
Virginia (Nickie) Bruce	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Sharon C. Zehe	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905
Mark A. Matthias	Manager		Mayo Clinic 200 First Street SW Rochester, MN 55905

**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:

Mayo Collaborative Services, LLC

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

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

C T Corporation System
(Name)

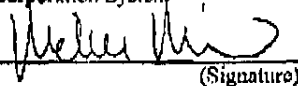
1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
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.

C T Corporation System

By:


(Signature)

Michele Miller
Assistant Secretary

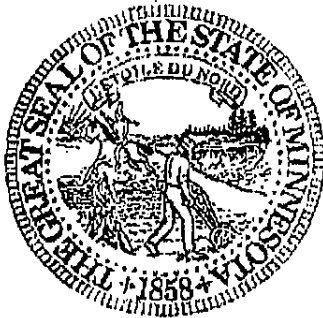
\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Mark Ritchie, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Mayo Collaborative Services, LLC
Date Filed:	12/18/2012
File Number:	633817000026
Minnesota Statutes, Chapter:	322B
Home Jurisdiction:	Minnesota

This certificate has been issued on: 02/08/2013



Mark Ritchie
Mark Ritchie
Secretary of State
State of Minnesota