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Special Instructions to	Filing Officer:	
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Office Use Only



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K. SALY EXAMINER APR 1 8 2014



ON SERVICE COMPANY						
ACCOUNT NO. : 12000000195						
REFERENCE : 095275 7990982						
AUTHORIZATION :						
COST LIMIT : \$ 155.00						
ORDER DATE : April 15, 2014						
ORDER TIME : 10:45 AM						
ORDER NO. : 095275-005						
CUSTOMER NO: 7990982						
FOREIGN FILINGS						
NAME: NORTHWEST PHYSICIANS LABORATORIES, LLC						
XXXX QUALIFICATION (TYPE: <u>LL</u>)						
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:						
XX CERTIFIED COPY						
CONTACT PERSON: Susie Knight EXT# 52956						
EXAMINER:						

COVER LETTER

TO:	Registration Section		
	Division of Corporation		

Northwest Physicians Laboratories

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:

Please return all correspondence concerning this matter to the following.
Kevin Puls
Name of Person
Northwest Physicians Laboratories
Firm/Company
2840 Northup Way ste. 140
Address
Bellevue, WA 98004
City/State and Zip Code
kpuls@nwphysicianslabs.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kevin Puls 425 628-9841
Name of Contact Person Area Code Daytime Telephone Number
CTREET ADDRESS.

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: Northwest Physicians Laboratories, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.") (FEI number, if applicable) (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 2840 Northup Way ste. 140 Bellevue, WA 98004 (Street Address of Principal Office) 6. 2840 Northup Way ste. 140 Bellevue, WA 98004 (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Kevin Puls, ExecutiveDirector, 2840 Northup Way ste. 140 Bellevue, WA 98004 8. 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) Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjuny 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, F.S.)

Typed or printed name of signee

Kevin Puls

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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	of the Limited Liability	Company is:	A PRA
Northwest Phys	sicians Laboratories		(A)
If unavailable,	the alternate to be used	l in the state of Florida is:	A OF FLORE
2. The name a	and the Florida street ad	dress of the registered agent and office are	::
	Corporation Service Co	ompany	
		(Name)	
	1201 Hays Street		
Florida Street Address (P.O. Box NOT ACCEPTABLE)			
	Tallahassee	FL 32301	· · · · · · · · · · · · · · · · · · ·
		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 605, Florida Statutes.

Corporation Service Company

(Signature)

Sue G. Knight Assistant Vice President

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

The State of

(11/12/12)



Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE/AUTHORIZATION OF

NORTHWEST PHYSICIANS LABORATORIES LLC

I FURTHER CERTIFY that the records on file in this office show that the above named Limited Liability Company was formed under the laws of the State of WA and was issued a Certificate Of Formation in Washington on 2/21/2012.

I FURTHER CERTIFY that as of the date of this certificate, NORTHWEST PHYSICIANS LABORATORIES LLC remains active and has complied with the filing requirements of this office.

Date: April 16, 2014

UBI: 603-183-116

STATE OF WASHINGTON 1889

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State