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(Requestor's Name)	
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PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
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CT Corporation

515 East Park Avenue Tallahassee, Ft. 32301 850 558 1930 tel 855 637 1628 fax www.ctcorporation.com

March 31, 2015

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 9496826 SO

Customer Reference 1:

C2201527176

Customer Reference 2:

Dear Department of State, Florida:

Please obtain the following:

PROGENY GENETICS LLC (DE)

Registration Florida

PROGENY GENETICS LLC (DE)

Cert Copy of Application for Authority-Foreign

Fiorida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092.

Thank you very much for your help.

Sincerely,

Connie R Bryan
Senior Fulfillment Specialist
Connie.Bryan@wolterskluwer.com

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: Progeny Genetics LLC (Name of Foreign Lunited 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.") Delaware (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration, (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 15 Argonaut Aliso Viejo, California 92658 (Street Address of Principal Office) Same as above (Mailing Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Ambry Genetics Corporation , Managing Member 15 Argonaut Alison Viejo, California 92658 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 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, F.S.)

Typed or printed name of signee

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.

	of the Limited Liability C	company is:		
If unavailable	e, the alternate to be used	in the state of Florida is:	TAL SE	- <u>-</u> -
2. The name and the Florida street address of the		ress of the registered agent and office are:	CRETAR LAHASS	
	Corporation Service Col	пралу	me ±	
		(Name)		
	1201 Hays Street		4: 58 NATE ORIDA	"Full State of the Party of the
	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.

By: Corporation Service Compliny

By: Corporation Service Compliny

(Fightature)

Rosemarie Gagliardino

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)

Delaware

PAGE

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "PROGENY GENETICS LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE THIRTIETH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PROGENY GENETICS LLC" WAS FORMED ON THE TWENTY-FIFTH DAY OF MARCH, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.



5711108 8300

150431659

Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 2246254

DATE: 03-30-15

You may verify this certificate online at corp.delaware.gov/authver.shtml