

5/5/2015

Division of Corporations

# M15000003452

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 fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000109410 3)))



H150001094103ABCV

**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 : HILL WARD HENDERSON  
Account Number : 072100000520  
Phone : (813)221-3900  
Fax Number : (813)221-2900

**\*\*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  
Medical Neurogenetics, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

RECEIVED  
15 MAY -5 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

FILED  
15 MAY -5 PM 12:20  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

((H15000109410 3)))

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A  
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **Medical Neurogenetics, 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.")

2. **Delaware**

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

3. **47-3459045**

(FEI number, if applicable)

4.

(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. **5550 W. Executive Drive, Suite 230**

**Tampa, FL 33609**

(Street Address of Principal Office)

6. **5550 W. Executive Drive, Suite 230**

**Tampa, FL 33609**

(Mailing Address)

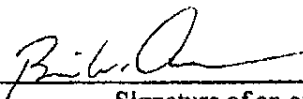
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

**Brian W. Anderson, Manager**

**5550 W. Executive Drive, Suite 230**

**Tampa, FL 33609**

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.817.153, F.S.)

**Brian W. Anderson**

Typed or printed name of signee

FILED  
15 MAY -5 PM 12:20  
TAMPA, FLORIDA

((H15000109410 3)))

((H15000109410 3)))

**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 the Limited Liability Company is:

**Medical Neurogenetics, 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:

**Brian W. Anderson**

(Name)

**5550 W. Executive Drive, Suite 230**

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

**Tampa**

**FL 33634**

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.*



(Signature)

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

((H15000109410 3)))

FILED  
MAY - 5 PM 12:20  
HALL COUNTY CLERK  
FLORIDA

((H15000109410 3)))

# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MEDICAL NEUROGENETICS, 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 TWENTY-SECOND DAY OF APRIL, A.D. 2015.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

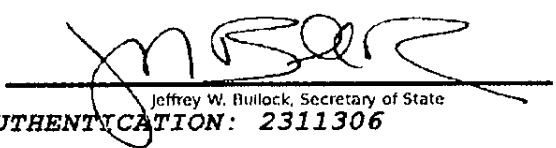
AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MEDICAL NEUROGENETICS, LLC" WAS FORMED ON THE THIRTEENTH DAY OF MARCH, A.D. 2015.



5709756 8300

150545804

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)

  
Jeffrey W. Bullock, Secretary of State  
AUTHENTICATION: 2311306

DATE: 04-22-15

((H15000109410 3)))