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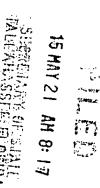
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| Special Instructions to Filing Officer: |
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Office Use Only



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May 14, 2015

LANCE BENEDICT 8122 SAWYER BROWN RD SUITE 210 NASHVILLE, TN 37221

SUBJECT: INDUSTRY LAB DIAGNOSTIC PARTNERS, LLC.

Ref. Number: W15000034326

We have received your document for INDUSTRY LAB DIAGNOSTIC PARTNERS, LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to s.605.0902(1)(e), Florida Statutes, the document must contain the name, title or capacity and address of at least one person who has the authority to manage the foreign limited liability company.

Please return the corrected original and one copy of 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) 245-6051.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 015A00010172

COVER LETTER

| TO: Registration Section Division of Corporations | |
|--|---|
| SUBJECT: Industry Lab Diagnos' Name of I | Fic Partners, LLC. imited Liability Company |
| | any for Authorization to Transact Business in Florida," Certificate of need foreign limited liability company to transact business in Florida |
| Please return all correspondence concerning this matter to the | following: |
| LANCE C. BENEOT | me of Person |
| Industry Lab Dia | Anostic Partners, LLC |
| 8/22 Sawyer Bro | wn Road, Suite 210 Address |
| Nashuille, Tu | |
| bened: to I E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please call: | |
| Faye Sm: 4h Name of Contact Person | at (615) 630 - 7799 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: \$\mathbb{E}\$ \$125.00 \text{ Filing Fee} \mathbb{S}\$ \$130.00 \text{ Filing Fee} & \text{Certificate of Status} | □ \$155.00 Filing Fee & □ \$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 FOREIGH, LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA; | |
|--|---|
| 1. The dustry Lak Diagnostic Partners LLC (Name of Forder Limited Liability Company, "LLC," 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 "I.C.") | |
| Delawake (Jurisdiction under the law of which foreign limited limbury (FEI number, if applicable) | |
| 4. AJ/A (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) | |
| (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 5. 8/22 Sawyer Brown Road, Suite 210 | |
| Mashville JV 37221 (Street Address of Principal Office) | |
| 6 8/22 Sawyer Brown Road, Juste 210 = 5 | |
| Mashville, TU 37221 | |
| 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) | |
| Name: Stuart Viator | |
| Office Address: 205 East Intendencia Street | |
| City), Florida 32502 | |
| Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent. | |
| (Registered agent's signature) | |
| 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: | _ |
| Mark Complett - 5843 Wellwood Drive Rochester, MT 48306, Vice President | |
| Tray Evans - B670 Hampton Bay Place, Mason, OH. 45040; Secretary | |
| 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted) | |
| June 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 at third degree fellows as provided for in s.817.155, F.S.) | |
| Typed or printed riame of signee | |

Delaware

PAGE 1

The First State

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

DELAWARE, DO HEREBY CERTIFY "INDUSTRY LAB DIAGNOSTIC PARTNERS,

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 SIXTH DAY OF MAY, A.D.

2015.

15 MAY 21 AM 8: 17

5517205 8300

150623136

AUTHENTYCATION: 2353010

DATE: 05-06-15

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