# MIV000001272

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January 26, 2016

MILILANI MEDINA 10128 WEST BROAD STREET, SUITE H GLEN ALLEN, VA 23060

SUBJECT: PLATINUM PATHOLOGY, LLC

Ref. Number: W16000005415

We have received your document for PLATINUM PATHOLOGY, LLC and your check(s) totaling \$160.00. However, the document has not been filed and is being retained in this office for the following:

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

Need Certificate of Fact from Virginia.,

Please return 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.

Stacey M Mason Regulatory Specialist II

www.sunbiz.org

Letter Number: 316A00001698

#### **COVER LETTER**

TO:		ation Section n of Corporation	s							
CIÍD IE		Platinum Patholo	gy, LLC							
SUBJECT:Name of Limited Liability Company										
The end Existen	closed "A ce, and cl	pplication by Fore	eign Limited Liability Comp I to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busin	Certificate of ess in Florida			
Please	return all	correspondence c	oncerning this matter to the	following:						
		Mililani Medi	na							
			N	ame of Person	·					
		Platinum Path	ology							
Firm/Company										
		10128 West Bro	oad St. Suite H							
				Address						
	Glen Allen, Virginia 23060									
			City/S	state and Zip Code	<u> </u>					
		lmedina@platinu								
			E-mail address: (to be use	d for future annual	report not	ification)				
For fur	ther infor	mation concerning	g this matter, please call:							
	Mililan	i Medina		804 at (	482-	7412				
		Name o	f Contact Person	Area Code	Day	time Telephone Number				
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314										
Enclose		eck for the follow 5.00 Filing Fee	ing amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filir Certified Copy	ig Fee &	■ \$160.00 Filing Fee, Co of Status & Certified Cop				

### 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 COMPANYTO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Platinum Pathology, LI (Name of Fore	.C ign Limited Liability Con	npany; must include	"Limited Liabi	lity Company,""L.L.C.," or "	'LLC.")		_
(If name unavailable, enter all Liability Company," "L.L.C,"		the purpose of trans	acting business	in Florida. The alternate nam	e must inc	lude "Li	_ mited
Out of State (Virginia)		3.	464655595				
(Jurisdiction under the law company is organized)	of which foreign limited (	lability		(FEI number, if applicable)		***	
4	(See sections 605.0)	oted business in Flo 904 & 605.0905, F.	rida, if prior to i S. to determine	registration.) penalty liability)	•		
Glen Allen, Virgi	nia 23060	•	***************************************		-		
		ddress of Principal	Office)		74 953 <sub>717</sub>	22	
610128 West Broad	St. Suite H		···		55	2016 F	CARREN
Glen Allen, Virgin	ia 23060				五日	83	
	<del></del>	(Mailing Address)		<del> </del>	YSS:	5	
7. Name and street addres	s of Florida registered	agent: (P.O. Box	NOT accepts	ble)	AHASSEE, F	U	[ ]
Name:	United States Corpor	ation Agents, INC			STAT	12:	
Office Address:	ddress: 13302 Winding Oak Ct. Suite A				IDA TE	2ч	
	Tampa			, Florida 33612			
		(City)		(Zip code)			
designated in this applica	gistered agent and to a tion, I hereby accept th ons of all statuted rejat	he appointment as live to the proper ed agent. Cheyent behalf o	s registered ag and complete ne Moseley, A f United State	above stated limited liabil tent and agree to act in thi performance of my duties assistant Secretary on a Corporation Agents, Inc.	is capacii , and I a	y. I fui	rther agree
	(////	(Registered age	nt's signature)				
8. The name, title or capa	acity and address of the	person(s) who ha	s/have authori	ty to manage is/are:			
Deloar Hossain, MD	Medical Director 101	128 West Broad S	t. Suite H Gl	en Allen Va. 23060		_	
				· · · · · · · · · · · · · · · · · · ·		_	
·						<b></b>	
	of which it is organized			ated by the official having in language, a translation o			
		Signature of an au	thorized nerson	<u> </u>			
		-	•			_	
				Statutes. I am aware that any			n

Typed or printed name of signec

Deloar Hossain

## Commontae altho Hirginia



### State Corporation Commission

### CERTIFICATE OF FACT

### I Certify the Following from the Records of the Commission:

That Platinum Pathology LLC is duly organized as a limited liability company under the law of the Commonwealth of Virginia;

That the date of its organization is January 21, 2014; and

That the limited liability company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date: February 3, 2016

Joel H. Peck, Clerk of the Commission

CISECOM
Document Control Number: 1602036196