

M16000003212

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

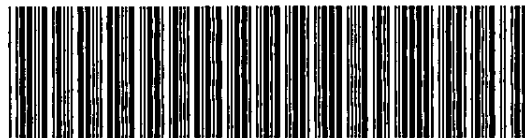
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2016 APR 18 P 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

APR 19 2016  
J. BRUCE



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

RECEIVED  
2016 APR 19 PM 12:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

April 11, 2016

SUZANNE SINGER  
535 EAST CRESCENT AVENUE, SUITE 100  
RAMSEY, NJ 07446

SUBJECT: ADVANCED MOLECULAR DIAGNOSTICS, LLC  
Ref. Number: W16000026606

We have received your document for ADVANCED MOLECULAR DIAGNOSTICS, 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:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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.

Deborah Bruce  
Regulatory Specialist II

Letter Number: 616A00007348

2016 APR 18 P 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FILED

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Advanced Molecular Diagnostics, LLC.

\_\_\_\_\_  
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:

Suzanne Singer

\_\_\_\_\_  
Name of Person

Advanced Molecular Diagnostics, LLC.

\_\_\_\_\_  
Firm/Company

535 East Crescent Avenue Suite 100

\_\_\_\_\_  
Address

Ramsey, NJ 07446

\_\_\_\_\_  
City/State and Zip Code

suzanne@geneidlab.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne Singer

at ( 201 )

825-1086

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
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:

☐ \$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:*

1. Advanced Molecular Diagnostics, 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. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 454594693

(FEI number, if applicable)

4. 04-04-2016

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

5. 535 East Crescent Avenue Suite 100

Ramsey, NJ 07446

(Street Address of Principal Office)

6. 535 East Crescent Avenue Suite 100

Ramsey, NJ 07446

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Pablo Umansky

Office Address: 4700 Biscayne Blvd Suite 100

Miami

(City)

, Florida 33137

(Zip code)

**Registered agent's acceptance:**

*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 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:

Suzanne Singer- Manager 535 East Crescent Avenue Suite 100 Crescent Avenue Ramsey, NJ 07446

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)

Suzanne Singer  
(Signature of an authorized person)

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any falsification submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.15.

Suzanne Singer

\_\_\_\_\_  
Typed or printed name of signee

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2016 APR 18 P 1:11  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING**

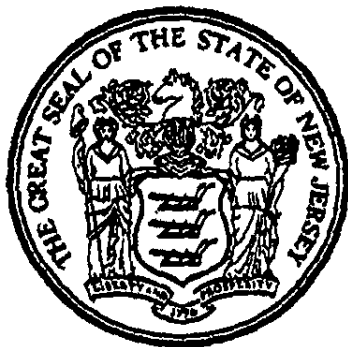
**ADVANCED MOLECULAR DIAGNOSTICS LLC  
0450061317**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 18, 2016.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

**ADVANCED MOLECULAR DIAGNOSTICS  
57 EAST CRESCENT AVENUE  
SUITE 100  
RAMSEY, NJ 07446**



*IN TESTIMONY WHEREOF, I have  
hereunto set my hand and affixed  
my Official Seal at Trenton, this  
11th day of April, 2016*

*Ford M. Scudder*

**Ford M. Scudder  
Acting State Treasurer**

**Certificate Number : 6076835537**

**Verify this certificate online at**

**[http://www1.state.nj.us/TYTR\\_StandingCertJSP/Verify\\_Cert.jsp](http://www1.state.nj.us/TYTR_StandingCertJSP/Verify_Cert.jsp)**