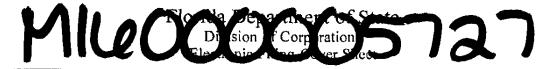
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Division of Corporations



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.

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To:

Division of Corporations
Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850)205-8842
Fax Number : (850)878-5368

\*\*Enter the email address for this business entity to be used for future cannual report mailings. Enter only one email address please.

# Foreign Limited Liability Company Hologic (MA),LLC

Certificate of Status	0
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Estimated Charge	\$125.00

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Corporate Filing Menu

Help

W. HARRIS

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## COVER LETTER

то:	Registration Section Division of Corporatio	ns				
SUBJE	Hologic (MA), LLC					
	, — - ·	Name of	Limited Liability	Company		
The end Existen	closed "Application by Fo	reign Limited Liability Comed to register the above refer	pany for Authoriza enced foreign limit	ation to Tri ited liabilit	ansact Business in Florida," Certi y company to transact business in	ficate of Florida
Please	return all correspondence	concerning this matter to the	following:			
	John Mahler					
	<del></del>	N	lame of Person	·		
C T Corporation System						
Firm/Company						
	1.200 South Pine Island Road					
			Address			
	Plantation, FL 33324					
	hander of his de high 1988—specimen processor are tree up as a second page and	City/S	tate and Zip Code			
		E-mail address: (to be use	16.6			
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For furt	her information concernin	g this matter, please call:				
			at (	)	time Telephone Number	
	Name o	of Contact Person	at (	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	;		Division Registrat Clifton B 2661 Exe	CADDRESS: of Corporations ion Section wilding coutive Center Circle see, FL 32301	
Enclose	d is a check for the follow \$\Boxed{\Omega}\$ \$125.00 Filing Fee	ring amount:  \$\Boxed{\Boxesia} \$\\$130.00 \text{ Filing Fee & Certificate of Status}\$	☐ \$155.00 Fifti Certified Copy	~	S160.00 Filing Fee, Certification of Status & Certified Copy	ite

569111

## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION (05.0902, FLORIDA STATUTIES, THE FOILDWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

, Flologic (MA), LLC	and the state of t			
(Name of For	eign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "	I.I.C.")	<del></del>	
Lishility Company," "L.L.C,	thernate name adopted for the purpose of transacting business in Florida. The alternate name "or "LLC.")	must includ	le "Lìmir	led
2. Massachusetts	3.			
(Jurisdiction under the law company is organized)	of which foreign limited liability (FEI number, if applicable)			
4	(Date fast transacted business in Florida, if prior to registration)			
	(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)	1		
5. 250 Campus Drive		- C/-	<del>ن</del>	
Marlborough, MA 017	52	58	$\subseteq$	-
	(Street Address of Principal Office)	<u> </u>	["	4-20-4
6, 250 Campus Drive		100	တ	* AF.
Marlborough, MA 017	52			
**************************************	(Mailing Addicss)	中の		
7. Name and street addres	s of Florida registered agent: (P.O. Box NOT acceptable)	무로	8: -[	
Name:	C T Corporation System	# 0 #   3   3	+	
Office Address:	1200 South Pine Island Road			
	Plantation , Florida 33324			
	(City) (Zip code)			
designated in this applicat to complywith the provision accept the obligations of n	sistered agent and to accept service of process for the above stated limited liabilition, I hereby accept the appointment as registered agent and agree to act in this ins of all statutes relative to the proper and complete performance of my duties, any position as registered agent.  The Corporation of System Assistant Secretary  (Registered gent's signature)	capacity. I	further	r agree
8. The name, title or cans	city and address of the person(s) who has/have authority to manage is/are:			
	er, 250 Campus Drive, Marlborough, MA 01752			
<u> </u>				
	of existence, no more than 90 days old, duly authenticated by the official having out f which it is organized. (If the certificate is in a foreign language, a translation of the interest of the certificate is in a foreign language, a translation of the interest of the certificate is in a foreign language, a translation of the interest of the certificate is in a foreign language.			
	Patron k On			
	Signature of an authorized person			
This document is executed ubmitted in a document to	in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any fi the Department of State constitutes a third degree felony as provided for in s.817.13	alse inform 55, F.S.	ation	
	Cytyc Corporation, its Member, by Patricia K. Dolan, Secretary	•		
•	Typed or printed name of signee			



Commonwealth

# The Gommonwealth of Massachusetts Secretary of the Gommonwealth State House, Boston, Massachusetts 02188

July 12, 2016

### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

## HOLOGIC (MA), LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on September 3, 2015.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: NONE

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: PATRICIA DOLAN, ROBERT MCMAHON, JOHN GRIFFIN, MARCI LERNER, ANNE LIDDY

The names of all persons authorized to act with respect to real property listed in the most recent filing are: PATRICIA DOLAN, ROBERT MCMAHON, JOHN GRIFFIN, MARCI LERNER, ANNE LIDDY



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth
on the date first above written.

Secretary of the Commonwealth

new Galein