

MI6000005920

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

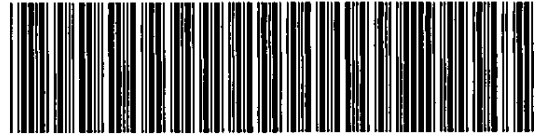
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800288198968

07/22/16--01008--002 **160.00

FILED
16 JUL 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

7/26/16CS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: MedLabs of Florida, 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:

Nickolas G. Mitilenes, Executive VP & COO

Name of Person

MedLabs of Florida, LLC

Firm/Company

85 Horschill Road

Address

Cedar Knolls, New Jersey 07927

City/State and Zip Code

nickm@medlabdx.com

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

For further information concerning this matter, please call:

Nickolas G. Mitilenes

973

731-2900 x1101

at (_____) _____

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

FILED
16 JUL 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. MedLabs of Florida, 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. New Jersey 3. 81-3283255
(Jurisdiction under the law of which foreign limited liability company is organized) (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. 2463 Quantum Blvd, Quantum Plaza West, Suites 2459, 2461, & 2463
Boynton Beach, Florida 33426-8612
(Street Address of Principal Office)

6. 85 Horsehill Road
Cedar Knolls, New Jersey 07927
(Mailing Address)

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

Name: CT Corporation System
Office Address: 1200 South Pine Island Road
Plantation, Florida 33324
(City) (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. CT Corporation System

Janifer Vincent Vice President and Assistant Secretary
(Registered agent's signature)

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

Nickolas G. Mitilenes, COO & Exec. VP - 40 West Park Place, Apt 505, Morristown, NJ 07960

George N. Mitilenes, CEO & President - 71 Morris Avenue, Morristown, NJ 07960

Glenn R. Levy, VP of Business Operations - 13 Bristol Road, Manalapan, NJ 07726

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)

[Signature]
Signature of an authorized person

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.817.155, F.S.

Nickolas G. Mitilenes
Typed or printed name of signee

FILED
16 JUL 22 AM 8:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**STATE OF NEW JERSEY
DEPARTMENT OF THE TREASURY
DIVISION OF REVENUE AND ENTERPRISE SERVICES
LONG FORM STANDING WITH OFFICERS AND DIRECTORS**

MEDLABS OF FLORIDA, LLC
0450091157

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 July 19, 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:

GLENN R. LEVY
85 HORSEHILL ROAD
CEDAR KNOLLS, NJ 07927

I further certify that as of the date of this certificate, no officers or directors were on file for this business.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed
my Official Seal at Trenton, this
20th day of July, 2016

Ford M. Scudder

Ford M. Scudder
Acting State Treasurer

Certificate Number : 6073052170

Verify this certificate online at

https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp

FILED
16 JUL 22 AM 8:30
SECRETARY OF STATE
TREASURY
TALLAHASSEE, FLORIDA