## m1600006903

	(Req	uestor's Name	<del>)</del> )	
<del>~</del>	(Add	ress)		<del></del>
<del></del>	(Add	ress)		
	(, , , , ,	,		
	(City/	/State/Zip/Pho	ne #)	
PICK-UF	<b>5</b>	☐ WAIT	[	MAIL
	(Busi	iness Entity N	ame)	
<del></del>	(Doc	ument Numbe	r)	<del> </del>
Certified Copies		Certificat	es of St	atus
<del></del>				
Special Instructions	s to F	iling Officer:		
·				

Office Use Only



500289454395

CORETARY OF STATE

15 AUG 25 AM 10: 54

**S Warren** AUG 2 9 2016



NCR National Corporate Research (Hong Kong) Limited, a Hong Kong Limited Company

NCR National Corporate Research (UK) Limited, Registered in England and Wales, Registry # 8010712

Albany • Charlotte • Chicago • Dover • Los Angeles • New York • Sacramento • Springfield • Tallahassee • Washington, D.C. • Hong Kong • London

Date: 08/26/2016	Account #: I20000000088
Name: Michelle Walker	
Reference #: B079452	
ENTITY NAME: MICROGENDX, LLC	
Articles of Incorporation/Authorization to Transact Business	
Amendment	
Annual Report	
Change of Agent	
Reinstatement	
Conversion	
Merger	
Dissolution/Withdrawal	
Fictitious Name	
Other:	
Authorized Amount:	
Authorized Amount: \$125  Signature: Michael Naker	

## **COVER LETTER**

TO:	Registration Section Division of Corporatio	ns				
SUBJEC	MicroGenDX, LLC	2				
COOL		Name of	Limited Liability (	Company		
The enclose Existence	osed "Application by Fo. e, and check are submitte	reign Limited Liability Comp ed to register the above refer	pany for Authoriza enced foreign limit	tion to Tra ted liabilit	ansact Business in Florida," Ce y company to transact business	rtificate o
Please re	turn all correspondence	concerning this matter to the	following:			
	Anna Roeder,	Paralegal				
	<del></del>	N	ame of Person		<del></del>	
	Handler Thaye	r, LLP				
		Fi	rm/Company	<u></u>		
	191 N. Wacker	Drive, Suite 2300				
	<del></del>		Address		****	
	Chicago, Illino	is 60606				
	<del></del>	City/S	tate and Zip Code	<del></del>		
	aroeder@handle	rthayer.com				
		E-mail address: (to be used	for future annual	report not	ification)	
For furth	er information concernin	g this matter, please call:				
	Anna Roeder, Paralegal		312 at (	641-21		
	Name	of Contact Person	Area Code	Day	rtime Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314			Division Registrat Clifton B 2661 Exc	r ADDRESS: of Corporations ion Section suilding ecutive Center Circle see, FL 32301	
Enclosed	is a check for the follow ☐ \$125.00 Filing Fee	ving amount:  \$\mathbb{H}\$130.00 Filing Fee & Certificate of Status	□ \$155.00 Filin Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, Certi of Status & Certified Copy	ficate

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

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE POLLOWING IS SUBMITTED TO REGISTER A PORFIGIA LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: MicroGenDX, 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.") Delaware 81-3342404 (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 115 N. Calhoun, Suite 4 Tallahassee, Florida 32301 (Street Address of Principal Office) 115 N. Calhoun, Suite 4 Tallahassee, Florida 32301 (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) National Corporate Research, Ltd., Inc. Name: 115 N. Calhoun, Suite 4 Office Address: Tallahassee (City) 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 complywith 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. 8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: Richard Martin, Manager , 115 N. Calhoun, Suite 4 Tallahassee, Florida 32301 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) This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information

Typed or printed name of signee

submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Richard Martin

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "MICROGENDX, 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 TWENTY-SECOND DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MICROGENDX, LLC" WAS FORMED ON THE TWENTY-FIRST DAY OF JULY, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL FRANCHISE TAXES HAVE BEEN ASSESSED TO DATE.

at corn delaware gov/auti

Authentication: 202707282

Date: 07-22-16

6103471 8300 SR# 20165039662

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