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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 : (614) 280-3338
Fax Number : (954) 208-0845

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

Email Address: _____

**Foreign Limited Liability Company
Proteus Molecular and Clinical Lab LLC**

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

RECEIVED

2016 NOV -8 PM 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

16 NOV -9 AM 9:46

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TALLAHASSEE, FLORIDA

NOV-10-2016

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S. YOUNG
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COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Proteus Molecular and Clinical Lab 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:

Amy Smith

Name of Person

CT Corporation

Firm/Company

3 Winners Circle, Suite 301

Address

Albany, NY 12303

City/State and Zip Code

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

For further information concerning this matter, please call.

Amy Smith

518

451-8035

Name of Contact Person

at (_____) _____
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

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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. Proteus Molecular and Clinical Lab 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. Alabama 3. 474299310
(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. 218 Summit Parkway, Suite 250, Homewood, AL 35209

(Street Address of Principal Office)

6. Same as above

(Mailing Address)

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

Name: C T 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.

By: C T 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:

Mike Griffith, Member/Manager, 2320 Peacock Lane, Birmingham, AL 35223
Warren Hughes, Member/Manager, 150 Bellevue Blvd, Unit 603, Belleair, FL 33756
David Marshall, Member/Manager, 120 Overbrook Rd, Birmingham, AL 35213
Vincenzo Guarnello, Member/Manager, Lab Director, 2804 North Woodridge Way, Birmingham, AL 35226

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)

Mike Griffith
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.

Mike Griffith, Member/Manager
Typed or printed name of signee

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TALLAHASSEE, FLORIDA
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John H. Merrill
Secretary of State

P.O. Box 5616
Montgomery, AL 36103-5616

STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the
Great and Principal Seal of said State, do hereby certify that**

the entity records on file in this office disclose that Proteus Molecular and Clinical
Lab LLC was formed in Jefferson County, Alabama on June 25, 2015. The
Alabama Entity Identification number for this entity is 338-876. I further certify
that the records do not disclose that said entity has been dissolved, cancelled
terminated.

16 NOV -9 AM 9:46

SECRETARY OF STATE
FALLAHASSEE, FLORIDA



20161102000014922

**In Testimony Whereof, I have hereunto set my
hand and affixed the Great Seal of the State, at the
Capitol, in the city of Montgomery, on this day.**

11/2/2016

Date

A handwritten signature in cursive script, appearing to read "John H. Merrill".

John H. Merrill

Secretary of State