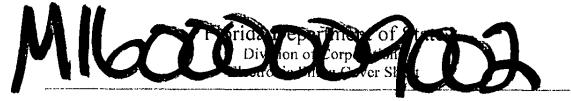
Division of Corporations



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:

Civision of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CCRPORATION 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:

SEUTETAR OF STATE ALLAHASSEE, FLORIDA

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

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

NOV-1-0-2016

S. YOUNG

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## COVER LETTER

TO:		ation Section a of Corporatio	ns					
SUBJE		oteus Molecular	and Clinical Lab LLC					
30131			Name of	Limited Liability	Company		-	
The end Existen	closed "A ce, and cl	pplication by Fo reck are submitte	reign Limited Liability Com ed to register the above refer	pany for Authorizz enced foreign limi	ation to Tra ted liabilit	ansact Business in Florida, y company to transact busi	" Certific ness in Pl	ate of lorida
Please r	return all	correspondence	concerning this matter to the	following:				
		Amy Smith						
				ame of Person			•	
		CT Corporatio	ทา					,
Firm/Company					- (27)	SEC		
	3 Winners Circle, Suite 301					AOA.	AH.	
Address					-9	SSE		
Albany, NY 12303					AH	700		
City/State and Zip Code						9: 46	STATE	
	-		E-mail address: (to be use	d for future annua	report no	tification)	-	<b>₩</b>
For furt	her infort	nation concernir	ng this matter, please call.					
Amy Smith			518	451-80	035			
		Name	of Contact Person	Arca Code	Day	time Telephone Number	-	
	Division Registra P.O. Bo	NG ADDRESS: 1 of Corporation ition Section x 6327 ssee, FL 32314			Division Registrat Clifton E 2661 Exe	CADDRESS: of Corporations ion Section Building ecutive Center Circle sec, FL 32301		
Enclose		ck for the follow .00 Filing Fee	ving amount:  \$\Pi\$ \$130.00 Filing Fee & Certificate of Status	S155.00 Filia Certified Copy	ng Fee &	☐ \$160.00 Filing Fee, C of Status & Certified Co		

## 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 HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA. 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.") Alabama 474299310 (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 regisfration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) 218 Summit Parkway, Suite 250, Homewood, AL 35209 (Street Address of Principal Office) Same as above (Mailing Address) 7. Name and street address of Florida registered agent: (P.O. Box NQT acceptable) CT Corporation System Name: 1200 South Pine Island Road Office Address. Plantation (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. C T Corporation System

Antifan Vincont Vice Insudent and Assistant Searctary

(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 Peaceek Lane, Burningham, AL 35223 Warren Hughes, Mcmber/Manager, 150 Hellevue Blyd, Unit 603, Hellean, FL 33756 David Marshall, Member/Manager, 120 Overbrook Rd, Birmingham, AL 35213 Vincenzo Guarcello, Member Manager, Lab Director, 2804 North Woodridge Way, Birminghem, 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) Mikes Griffith This document is executed in accordance with section 605,0203 (1) (b), Plonda 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 Ciriffith, Member/Manager

Typed or printed name of signee

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.

[ALLAHASSES of Lorson



20161102000014922

In Testimony Whercof, I have hercunto set my hand and affixed the Great Scal of the State, at the Capitol, in the city of Montgomery, on this day.

11/2/2016

Date

X 7. Menill

John H. Merrill

Secretary of State