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Foreign Limited Liability Company
SONORAN DESERT PATHOLOGY ASSOCIATES, LLC

Certificate of Status	0
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K. SALY
OCT 16 2018

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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. Sonoran Desert Pathology Associates, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC")

2. California
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 27-1045244
(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. 6061 NE 14th Avenue
(Street Address of Principal Office)
Ft. Lauderdale, FL 33334

6. 6061 NE 14th Avenue
(Mailing Address)
Ft. Lauderdale, FL 33334

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

Name: Russell Kitchen
Office Address: 6061 NE 14th Avenue
Ft. Lauderdale, Florida 33334
(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.

Russell Kitchen
(Registered agent's signature)

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

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
Owner	Verity Health 1013 Crane Road Suite 403 B Wilmington, DE 19805	Owner	Verity Health Partners 1013 Crane Road Suite 403 B Wilmington, DE 19805

(Use attachments if necessary)

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)

10. 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 felony as provided for in s.817.155, F.S.

Russell Kitchen
(Signature of an authorized person)

RUSSELL KITCHEN
(Typed or printed name of signer)

