# Florida Department of State

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#### **COVER LETTER**

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SUBJEC				Limited Liability C	ompany		
The encli Existence	losed e, an	."Application by For d check are submitte	eign Limited Liability Com d to register the above refer	pany for Authorizat renced foreign limit	tion to Tra ed liability	nsact Business in Florida," Certifica company to transact business in Flo	ite of orida.
Please re	eturn	all correspondence of	concerning this matter to the	following:			
		Cheyenne Mos	cley				
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		Legatzoom con	n, Iuc.				
		-	1	irm/Company			
		101 N Brand B	lvd 11th Fl				
				Address			
		Glendale, CA	91203				
			City/S	State and Zip Code			
		steve.webster@t	ismedicallab.com				
			E-mail address: (to be use	ed for future annual	report not	ification)	
For furth	ner in	iformation concernin	g this matter, please call:				
	Cheyeone Moseley			800 at (		88 ext9724	
	_	Name (	of Contact Person	Area Code	Day	time Telephone Number	
	Div Reg P.O	ILING ADDRESS: ision of Corporations istration Section . Box 6327 ahassee, Fl. 32314	<b>;</b>		Division Registrat Clifton B 2661 Exc	ADDRESS: of Corporations ion Section uilding reutive Center Circle ee, FL 32301	
Enclosed		i check for the follow 125,00 Filing Fee	ring amount:  \$\Begin{align*} \Boxed{1} \text{S130,00 Filing Fee & Certificate of Status} \end{align*}	■ \$155.00 Filir Certified Copy		☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy	

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

United States Medical L	aboratory Limited Liability Compan	y	- MITA'III			
(Name of Foreign L	imked Liability Company; must include "Lir	nited IIability Company," "L.L.C.,"	or "LLC.")			
f name imagniable, enter alternate an	me adopted for the purpose of transacting business in	s Florida. The alternate more must include	"Limited Liability Co	impany," "L.L.C," or	<del>"U</del> L"	
Kentucky		3. 83-1796395				
(Jurie Ection under the law of whi	ich foreign limited liability company is organized)	<u></u>	(FEI number, If ap	plicable)		
l	(Date first bansacted business in Florids, if pric (See sections 605 0904 & 605,0905, F.S. to det	or to registration.)	<del></del>	-		
	(See sections 605 0904 & 603,0905, F.S. to det					
Street Address of Pr	rmeioal Othice)	6	(Kaling Address)	₩		
221 S. Bardstown Rd.	integration,	221 S. Bardstown	Rd.	<u> </u>	23 25	
Mount Washington, KY	Y 40047	Mount Washingto	on, KY 40047	ام شمر مراوع		
Work washington, to		<del> </del>		2017		
2 Name and street uddress	s of Florida registered agent: (P.O. I	Box NOT acceptable)		<b>≥</b> 55 × 50 × 50 × 50 × 50 × 50 × 50 × 50		
V. Lymme and Fricel society				Ç.,	S	10
Name:	United States Corporation Agents,	inc.		, C.2	<u>**</u>	Ċ
Office Address:	13302 Winding Oak Court, Suite A			<u> </u>	نة -	
Office Add.cis.			13612		မ	
	Tampa (City)	, Florida <u>3</u>	(Zip code)	- ೧೯೮೮	ည	
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designated in this applica to comply with the provisi and accept the obligation.	stance: relistered agent and to accept service relistered agent and to accept service relion, I hereby accept the appointme tions of all statutes relative to the pre- res of my position as registered agent.  Regulated w	nt as registered agent and agent on an agent on an agent on an agent of United States (1988)	ree to act in in ice of my dutie localey, Ascisiont Si ited States Corporat	es, and I am fa	Juluice	¥g, c
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## Commonwealth of Kentucky Alison Lundergan Grimes, Secretary of State

Alison Lundergan Grimes Secretary of State P. O. Box 718 Frankfort, KY 40602-0718 (502) 564-3490 http://www.sas.ky.gov

#### Certificate of Existence

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I, Alison Lundergan Grimes, Secretary of State of the Commonwealth of Kentucky, do hereby certify that according to the records in the Office of the Secretary of State,

# United States Medical Laboratory Limited Liability Company

is a limited liability company duly organized and existing under KRS Chapter 14A and KRS Chapter 275, whose date of organization is August 31, 2018 and whose period of duration is perpetual.

I further certify that all fees and penalties owed to the Secretary of State have been paid; that articles of dissolution have not been filed; and that the most recent annual report required by KRS 14A.6-010 has been delivered to the Secretary of State.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed monopolicial Seal at Frankfort, Kentucky, this 5th day of December, 2018, in the 227th year of the Commonwealth :



Alison Lundergań Grimes

Secretary of State

Commonwealth of Kentucky

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