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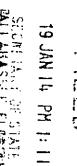
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FLORIDA DEPARTMENT OF STATE Division of Corporations

January 16, 2019

BRIGID CADE 2460 MOUNTAIN INDUSTRIAL BLVD TUCKER, GA 30084

SUBJECT: EGL GENETIC DIAGNOSTICS, LLC

Ref. Number: W19000005831

We have received your document for EGL GENETIC DIAGNOSTICS, LLC and your check(s) totaling \$100.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Cathy Cave

Letter Number: 219A00001286

COVER LETTER

	Registration Section Division of Corporation						
SUBJEC		Diagnostics, LLC					
30DJI.C		Name of 1	Limited Liability Company	•			
The encle Existence	osed "Application be, and check are sub	by Foreign Limited Liability Compomitted to register the above refere	pany for Authorization to Transact Business in Florida, enced foreign limited liability company to transact busi	" Certificate of ness in Florida.			
Please re	eturn all corresponde	ence concerning this matter to the	following:				
	Brigid Ca	de					
		Na	ame of Person	-			
	EGL Genetic Diagnostics LLC						
	•	Firm/Company					
	2460 Mountain Industrial Blvd						
			Address	•			
	Tucker, GA 30084						
		City/S	tate and Zip Code	•			
	eglis@egl-	eurofins.com					
		E-mail address: (to be used	d for future annual report notification)	-			
For furth	ner information cond	cerning this matter, please call:					
	Brigid Cade		470 378-2220 at ()				
	N	ame of Contact Person	at ()	-			
	MAILING ADDR Division of Corpor Registration Sectio P.O. Box 6327 Tallahassee, FL 32	rations on	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
	d is a check for the f		☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Confidence 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 LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	se adopted for the purpose of transacting business in Flo			r "Limited Liability Cor	прапу," "L.L.C," ос	"LLC.")
Delaware		3. 47-43	83500			
(Jurisdiction under the law of whice	h foreign limited liability company is organized)			(FEI number, if app	plicable)	
		· · · · · · · · · · · · · · · · · · ·				
	(Date first transacted business in Florida, if prior to (See sections 603,0904 & 603,0905, F.S. to determ					
2460 Mountain Industria	al Bivd	6. 2460 !	Mountain I	ndustrial Blvd (Mailing Address)		
Tucker, GA 30084	(cips) Office)	Tucke	r, GA 3008	-		
			-,	<u></u>		~~
		-				619
Name and street address	of Florida registered agent: (P.O. Box	x <u>NOT</u> accepta	ble)			JAH
Name:	Cogency Global Inc.				씱뿄	±_
	445 North Calbour St. C					
Office Address:	115 North Calhoun St., S	uite 4			77 (1) 31 (1)	<u> </u>
Office Address:			والمستعلم	32301	7 (5) # (7) 17 (6) 17 (7)	75 T
gistered agent's accepti iving been named as reg signated in this applicati comply with the provisio	Tallahassee (City)	process for the as registered ag r and complete	above stat ent and ag performan	ree to act in this	ity company of capacity. If and I am fai	urther a
egistered agent's accepts wing been named as reg signated in this applicati comply with the provisio d accept the obligations	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent.	process for the as registered ag and complete	above statent and agree performan	ed limited liabil tree to act in this ace of my duties,	ity company of capacity. If and I am fai	urther a
egistered agent's accepts aving been named as reg signated in this applicati comply with the provisio d accept the obligations The name, title or capac	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent. (Registered agent's	process for the as registered ag and complete My/A signature	above statent and agree performan	ed limited liabilities to act in this ace of my duties, ASA	ity company of capacity. If and I am fai	Turther 4 milior w
egistered agent's accepts wing been named as reg signated in this applicati comply with the provisio d accept the obligations	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent. (Registered agent in ity and address of the person(s) who h Name and Address: Sy King	process for the as registered ag and complete Title or (above statent and ag performan	ed limited liabilities to act in this ace of my duties, ASA	ity company of scapacity. If and I am fai	Turther 4 milior w
gistered agent's accepts wing been named as reg signated in this applicati comply with the provisio d accept the obligations The name, title or capac	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent. (Registered agent in ity and address of the person(s) who h	process for the as registered ag and complete Title or (above statent and ag performan	ed limited liabilities to act in this ace of my duties, ASA	ity company of scapacity. If and I am fai	Turther 4 milior w
gistered agent's accepts wing been named as reg signated in this applicati comply with the provisio d accept the obligations The name, title or capac	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent. (Registered agent's ity and address of the person(s) who h Name and Address: Sy King 2460 Mountain In Out 5 17	process for the as registered ag and complete Title or (above statent and ag performan	ed limited liabilities to act in this ace of my duties, ASA	ity company of scapacity. If and I am fai	Turther 4 milior w
egistered agent's accepts aving been named as reg signated in this applicati comply with the provisio d accept the obligations The name, title or capac	Tallahassee (City) Ince: istered agent and to accept service of on, I hereby accept the appointment of ns of all statutes relative to the proper of my position as registered agent. (Registered agent's ity and address of the person(s) who h Name and Address: Sy King 2460 Mountain In Out 5 17	process for the as registered ag and complete Title or (above statent and ag performan	ed limited liabilities to act in this ace of my duties, ASA	ity company of scapacity. If and I am fai	Turther 4 milior w

Typed or printed name of signee

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

DELAWARE, DO HEREBY CERTIFY "EGL GENETIC DIAGNOSTICS 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 FOURTEENTH DAY OF NOVEMBER, A.D. 2018.

Authentication: 203894418

Date: 11-14-18