

MI9000001744

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

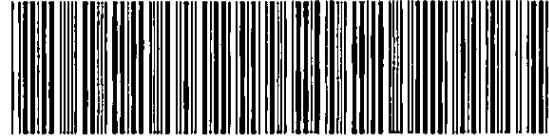
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300324887903

TALLAHASSEE, FLORIDA

2019 FEB 19 A 6:30

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19 FEB 19 PM 3:18

Incorporating Services, Ltd.

1540 Glenway Drive
Tallahassee, FL 32301
850.656.7956
Fax: 850.656.7953
www.Incserv.com
e-mail: accounting@incserv.com



ORDER FORM

TO Florida Department of State
Division of Corporations, Clifton
Building
2661 Executive Center Circle
Tallahassee, FL 32301
corphelp@dos.myflorida.com
850-245-6051

FROM Melissa Stops
mstops@incserv.com
850.656.7953

REQUEST DATE 2/19/2019

PRIORITY Routine

OUR REF # (Order ID#) 723539

ORDER ENTITY

MDX PARTNERS, LLC

PLEASE PERFORM THE FOLLOWING SERVICES:

MDX PARTNERS, LLC (FL)

File the attached foreign qualification document

NOTES:

\$125.00 Authorized

Email address for annual report reminders: jbass@spinationwide.com

RETURN/FORWARDING INSTRUCTIONS:

ACCOUNT NUMBER: I20050000052

Please bill the above referenced account for this order.

If you have any questions please contact me at 656-7956,

Sincerely,

TALLAHASSEE, FLORIDA
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Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

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

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA

1. MDx Partners, LLC
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "L.L.C.")

(Name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "L.L.C.")

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

3. 37-1889656
(FID number, if applicable)

4. _____
(Date first transacted business in Florida (if prior to registration)
(See sections 605.002 & 605.003, F.S. to determine periodic liability)

5. 357 Riverside Drive, Suite 100
(Street Address of Principal Office)
Franklin TN 37064

6. 357 Riverside Drive, Suite 100
(Mailing Address)
Franklin TN 37064

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

Name: Universal Registered Agents, Inc.
Office Address: 1317 California Street
Tallahassee, Florida 32304
(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.

Shuan Jones
(Registered agent's signature)

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members managers or persons authorized to manage [up to six (6) total]:

Title or Capacity: Name and Address:
 Manager Name: David McCrea
 Member Address: 357 Riverside Drive, Suite 100
 Authorized Franklin TN 37064
 Person _____
 Other _____ Other _____

Title or Capacity: Name and Address:
 Manager Name: Matthew Moseley
 Member Address: 357 Riverside Drive, Suite 100
 Authorized Franklin TN 37064
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

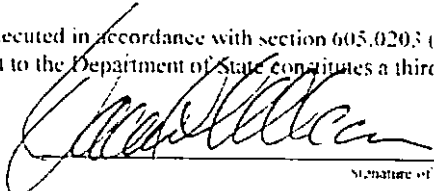
Manager Name: _____
 Member Address: _____
 Authorized _____
 Person _____
 Other _____ Other _____

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 TALLAHASSEE, FLORIDA
 STATE ARCHIVES

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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 third degree felony as provided for in s.817.135, F.S.



 Signature of an authorized person
 David McCrea

 Typed or printed name of signer



Tre Hargett
Secretary of State

Division of Business Services
Department of State
State of Tennessee
312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

SHERRARD ROE VOIGT & HARBISON, PLC
CELESTE QUIGLEY
SUITE 1100
150 3RD AVENUE SOUTH
NASHVILLE, TN 37201

February 19, 2019

Request Type: Certificate of Existence/Authorization
Request #: 0306316

Issuance Date: 02/19/2019
Copies Requested: 1

Document Receipt

Receipt #: 004553177 Filing Fee: \$20.00
Payment-Credit Card - State Payment Center - CC #: 3750548544 \$20.00

Regarding: **MDx Partners, LLC**
Filing Type: Limited Liability Company - Domestic
Formation/Qualification Date: 03/20/2018
Status: Active
Duration Term: Perpetual
Business County: WILLIAMSON COUNTY

Control #: 953719
Date Formed: 03/20/2018
Formation Locale: TENNESSEE
Inactive Date:

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TALAMON, STEVE
CLERK

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

MDx Partners, LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

Processed By: Cert Web User

Verification #: 031934128