

3/18/2021

Division of Corporations

Florida Department of State
Division of Corporations
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To:

Division of Corporations
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Account Name : C T CORPORATION SYSTEM
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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

Foreign Limited Liability Company
NORTHWELL LABORATORIES APEX PERSONNEL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
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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. NORTHWELL LABORATORIES APEX PERSONNEL, LLC

1. (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. NEW YORK

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

3. 85-3957958

3. (FEI number, if applicable)

4. 4.

*(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0903, F.S. to determine penalty liability)*

5. c/o Northwell Health, Inc., 2000 Marcus Avenue
(Street Address of Principal Office)

6. c/o Northwell Health, Inc., 2000 Marcus Avenue
(Mailing Address)

New Hyde Park, New York 11042

New Hyde Park, New York 11042

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

Name: CT Corporation System

Office Address: 1200 South Pine Island Road

Plantation 33324
(City) Florida (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.

Lisa Dubois

Lisa Dubois, Asst. Secretary

(Registered agent's signature)

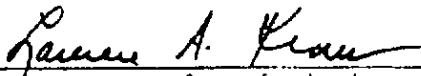
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input type="checkbox"/> Manager	Name: Michael Dowling	<input type="checkbox"/> Manager	Name: Dwayne Breining, M.D.
<input type="checkbox"/> Member	Address: c/o Northwell Health, Inc.	<input type="checkbox"/> Member	Address: c/o Northwell Health, Inc.
<input type="checkbox"/> Authorized Person	2000 Marcus Avenue New Hyde Park, New York 11042	<input type="checkbox"/> Authorized Person	2000 Marcus Avenue New Hyde Park, New York 11042
<input checked="" type="checkbox"/> Other CEO	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Senior Vice Pres.	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: Michele Cusack	<input type="checkbox"/> Manager	Name: Laurence A. Kraemer
<input type="checkbox"/> Member	Address: c/o Northwell Health, Inc.	<input type="checkbox"/> Member	Address: c/o Northwell Health, Inc.
<input type="checkbox"/> Authorized Person	2000 Marcus Avenue New Hyde Park, New York 11042	<input type="checkbox"/> Authorized Person	2000 Marcus Avenue New Hyde Park, New York 11042
<input type="checkbox"/> Other CFO	<input type="checkbox"/> Other _____	<input checked="" type="checkbox"/> Secretary	<input checked="" type="checkbox"/> General Counsel
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized Person	_____	<input type="checkbox"/> Authorized Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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.817.155, F.S.



Signature of an authorized person

Laurence A. Kraemer

Typed or printed name of signer

**State of New York } ss:
Department of State**

I hereby certify, that NORTHWELL LABORATORIES APEX PERSONNEL, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 11/18/2020, and that the Limited Liability Company is existing so far as shown by the records of the Department.

I further certify, that no other documents have been filed by such Limited Liability Company.

*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 18th day of March
two thousand and twenty-one.*



Brendan C. Hughes

Brendan C. Hughes
Executive Deputy Secretary of State