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09/23/2022

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		Acc#I20160000072	41: () = W		
Name:	VuePoint Diagnostics, L.L.C.				
Document #:					
Order #:	71040075				
Certified Copy of Arts & Amend: Plain Copy: Certificate of Good Standing: Certified Copy of Apostille/Notarial Certification:		Country of Destination: Number of Certs:	7077 23 P I		
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Thank you!

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:

UuePoint Diagnostics, (Name of Foreign	L.L.C. Limited Liability Company; must include "Lim	ited Liability Company,""I.	L C , " or "LLC ")	
V 311 5 h		C) 14 Th above		
If name unavailable, enter alternale	name adopted for the purpose of transacting business in	i Florida - i ne alternate name mus	at include "Limited Liability Co	ompany, 1.1.C. or fite (
2. Alabama (Jurisdiction under the law of w	hich foreign limited liability company is organized)	345-3	3851644 (FEI number, if app	licable)
1. 01/03/2022				
	(Date first transacted business in Florida, if print (See sections 605 0904 & 605,0905, F.S. to dete	mine penalty hability)		
800 Shades Creek Park	way, Suite 340	6. Same (Mailing A)	divers	
street Audiess of Frincipal Office)		(Stating A	udit 54)	
Birmingham, AL 3520	9			
				7027
7. Name and street address	ss of Florida registered agent: (P.O. B	ox <u>NOT</u> acceptable)		7027 123 PN 3:01
Name:	C T Corporation System			PH 3:
Office Address:	1200 South Pine Island Road			<u> </u>
	Plantation (City)	Flori	ida 33324 (Zip code)	
designated in this applicate occupy with the provise	•	as registered agent an	d agree to act in this	capacity. I further ag

(Registered agent's signature)

By:

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: Title or Capacity: Name and Address: Name: Mark S. Emanuelsen Name: Jason M. Emanuelsen □Manager **⊠**Manager Address: 800 Shades Creek Parkway, Suite 340 Address: 800 Shades Creek Parkway, Suite 340 X)Member Member Birmingham, AL 35209 Birmingham, AL 35209 □ Authorized □ Authorized Person Person □Other_____ □Other______ Other___ Other ____ Name: James M. Greer Name: □ Manager ■Manager Address: 215 Dogwood Circle ⊠Member □Member Address: Gadsdent, AL 35901 ☐ Authorized □ Authorized Person Person Other_____ □Other__ Other____ □Manager □Manager Address: □Member □ Member Address: □ Authorized □ Authorized Person Person Other____ Other Other □Other Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. /s/Mark S. Emanuelsen Signature of an authorized person

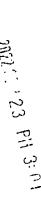
Mark S. Emanuelsen
Typed or printed name of signed

John H. Merrill Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, John H. Merrill, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that VuePoint Diagnostics, L.L.C. was formed in Etowah County, Alabama on November 18, 2011. The Alabama Entity Identification number for this entity is 000-031098. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.





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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

08/26/2022

Date

J. H. Merill

John H. Merrill

Secretary of State