

M24000010036

(Requestor's Name)

(Address)

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(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

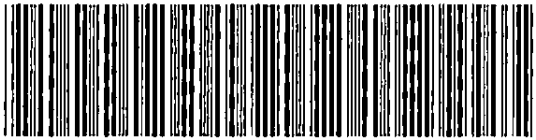
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600433975736

08/01/24--01012--021 \*\*130.00



○

125

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Laboratory Sciences of Arizona, L.L.C.

\_\_\_\_\_  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Michelle Gallegos

\_\_\_\_\_  
Name of Person

Banner Health

\_\_\_\_\_  
Firm/Company

2901 N Central Ave., Suite 160

\_\_\_\_\_  
Address

Phoenix, AZ 85012

\_\_\_\_\_  
City/State and Zip Code

BH.LegalEntityMgmt@bannerhealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Gallegos

602

747-1160

at (\_\_\_\_\_) \_\_\_\_\_

\_\_\_\_\_  
Name of Contact Person

\_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

# STATE OF ARIZONA



## Office of the CORPORATION COMMISSION

### CERTIFICATE OF GOOD STANDING

I, the undersigned Executive Director of the Arizona Corporation Commission, do hereby certify that:

**LABORATORY SCIENCES OF ARIZONA, L.L.C.**

ACC file number: L07849864

was incorporated under the laws of the State of Arizona on 08/14/1996, and that, according to the records of the Arizona Corporation Commission, said limited liability company is in good standing in the State of Arizona as of the date this Certificate is issued.

This Certificate relates only to the legal existence of the above named entity as of the date this Certificate is issued, and is not an endorsement, recommendation, or approval of the entity's condition, business activities, affairs, or practices.

IN WITNESS WHEREOF, I have hereunto set my hand, affixed the official seal of the Arizona Corporation Commission, and issued this Certificate on this date: **06/12/2024**



A handwritten signature in cursive script, reading "Douglas R. Clark".

**Douglas R. Clark, Executive Director**



FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

Attached are the instructions to register a foreign limited liability company to transact business in Florida. The requirements are as follows:

Pursuant to s. 605.0902, Florida Statutes, the attached application must be completed in its entirety.

The foreign limited liability company **must** submit 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.

- The name of a limited liability company must be distinguishable on the records of the Florida Department of State. If the name of your limited liability company is not distinguishable on our records, you must adopt an alternative name to use in the state of Florida.
- The name of a limited liability company in the state of Florida must contain the words "Limited Liability Company." The abbreviation "L.L.C." or the designation "LLC."

A preliminary search for name availability can be made on the Internet through the Division's records at [www.sunbiz.org](http://www.sunbiz.org). Preliminary name searches and name reservations are no longer available from the Division of Corporations. You are responsible for any name infringement that may result from your name selection.

The fees to register are as follows:

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

➤ **Important Information About the Requirement to File an Annual Report**

All Foreign Limited Liability Companies must file an Annual Report yearly to maintain "active" status. The first report is due in the year following formation. The report must be filed electronically online between January 1<sup>st</sup> and May 1<sup>st</sup>. The fee for the annual report is \$138.75. After May 1<sup>st</sup> a \$400 late fee is added to the annual report filing fee. "Annual Report Reminder Notices" are sent to the e-mail address you provide us when you submit this document for filing. To file any time after January 1<sup>st</sup>, go to our website at [www.sunbiz.org](http://www.sunbiz.org). There is no provision to waive the late fee. Be sure to file before May 1<sup>st</sup>.

A letter of acknowledgment will be issued free of charge upon registration. Please submit one check made payable to the Florida Department of State for the total amount of the filing fee and any optional certificate or copy.

A COVER letter should be submitted along with the application, certificate, and check. The mailing address and courier address are noted below.

Any further inquiries concerning this matter should be directed to the Registration Section by calling (850) 245-6051.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Laboratory Sciences of Arizona, L.L.C.  
\_\_\_\_\_  
Name of Limited Liability Company

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Michelle Gallegos

\_\_\_\_\_  
Name of Person

Banner Health

\_\_\_\_\_  
Firm/Company

2901 N Central Ave., Suite 160

\_\_\_\_\_  
Address

Phoenix, AZ 85012

\_\_\_\_\_  
City/State and Zip Code

BHLegalEntityMgmt@bannerhealth.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michelle Gallegos

602

747-1160

\_\_\_\_\_  
Name of Contact Person

at (\_\_\_\_\_) \_\_\_\_\_  
Area Code

\_\_\_\_\_  
Daytime Telephone Number

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Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$125.00 Filing Fee

☒ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

**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. Laboratory Sciences of Arizona, L.L.C.  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. Arizona 3. \_\_\_\_\_  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 424 S 56th Street 6. 424 S 56th Street  
(Street Address of Principal Office) (Mailing Address)  
Phoenix, AZ 85034 Phoenix, AZ 85034

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

Name: C T 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.*

Denise Bell

(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: Banner Health

☒ Member                      Address: 2901 N Central Ave., Ste 160

☐ Authorized                      Phoenix, AZ 85012

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

**Title or Capacity:**                      **Name and Address:**

☐ Manager                      Name: Brian Mosley

☐ Member                      Address: c/o Banner Health

☒ Authorized                      2901 N. Central Ave., Suite 160

Person                      Phoenix, AZ 85012

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ Other \_\_\_\_\_

☐ Manager                      Name: \_\_\_\_\_

☐ Member                      Address: \_\_\_\_\_

☐ Authorized                      \_\_\_\_\_

Person                      \_\_\_\_\_

☐ Other \_\_\_\_\_                      ☐ 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.

Brian Mosley

Signature of an authorized person

Brian Mosley

Typed or printed name of signee

# CHECK REQUEST FORM (CRF)

Banner: 7/17/2024, 3:49 PM Employees: Please use the "Expense Reimbursement Form" for employee reimbursements)

AP Vendor

Done and Send to Facility

MAKE CHECK PAYABLE TO: Florida Dept of Financial SVC (Print name of vendor, include mailing address, city, state, ZIP code below): Vendor No. \_\_\_\_\_

Vendor Name: FLORIDA DEPT OF FINANCIAL SVC

Vendor Number: 90809

Name Remit Florida Dept of State

Notes:

Mailing Address P.O. Box 8927

City BKMosley State FL Zip 32314

Charge to 7/18/2024, 3:43 PM

Third Approver

Approve

Facility Comments: CR=0101-9089110-759530 Amount Activity Acct Cat Contract Brief # N/A

0101 Invoice Number: FLSOS071024-LSA

Invoice Total Amount: 130.00 \$ 130.00

Total \$ 130.00

TAX ID # N/A

JBorboa  
7/12/2024, 4:29 PM  
New Vendor Review  
Approved For Set-Up  
Approval Notes: Approve

CManuel  
7/17/2024, 4:01 PM  
Coder  
Code  
Notes: CR=0101-9089110-759530  
Priority: Yes  
Invoice Number: FLSOS071024-LSA  
Invoice Total Amount: 130.00

REASON FOR PAYMENT: (Attach Original and Supporting Documents)

Registraton of Foreign LLC for LSA in Florida

☐ U.S. MAIL

SEND ATTACHMENTS WITH CHECK

☐ Yes

☒ No

☒ Special Instructions:

Please inter-mail to Cindy Manuel in Legal at BCCPP

Cindy Manuel 7/10/2024

Requested By (Print Name) Date

Cindy Manuel July 10, 2024 | 10:25 AM MST

Requested By (Signature) Date

Brian Mosley July 10, 2024 | 10:34 AM MST

Approved By (Print Name) Date

Brian Mosley July 10, 2024 | 10:34 AM MST

Approved By (Signature) Date

JBorboa

7/10/2024, 11:58 AM

New Vendor Review

Vendor Information Needed

Vendor Notes: CR=0101-9089110-759530

CManuel

7/10/2024, 12:39 PM

Update Vendor Info

Send Back to New Vendor Review

PLEASE ATTACH VENDOR INVOICE

Notes: Attached Registration form with payment details on the bottom