

M24000012699

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

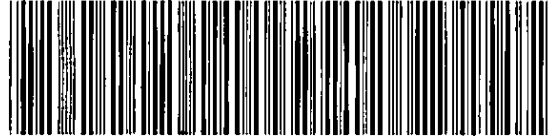
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

W24000125137
W24000117154

Office Use Only



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08/14/24--01014--009 **160.00

2024 SEP 30 PM 6:30



FLORIDA DEPARTMENT OF STATE
Division of Corporations

September 6, 2024

LOUIS APICELLA
555 HERITAGE DRIVE, SUITE 114
JUPITER, FL 33458 US

SUBJECT: CANCER CELL DIAGNOSTICS, LLC
Ref. Number: W24000125137

We have received your document for CANCER CELL DIAGNOSTICS, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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) 245-6051.

Andrea Andrews
Regulatory Specialist II

Letter Number: 824A00019972

RECEIVED

SEP 30 2024

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cancer Cell Diagnostics, LLC W24000117154 / W24000125137
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:

Louis Apicella

Name of Person

Cancer Cell Diagnostics, LLC

Firm/Company

555 Heritage Drive, Suite 114

Address

Jupiter, FL 33458

City/State and Zip Code

CCDX_Registrations@cancercelldx.com

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

For further information concerning this matter, please call:

Louis Apicella

239

281-7530

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

**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. Cancer Cell Diagnostics, LLC
(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. Delaware 3. 99-3375558
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. June 30, 2024
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. <u>555 Heritage Drive</u> (Street Address of Principal Office)	6. <u>555 Heritage Drive</u> (Mailing Address)
<u>Suite 114</u>	<u>Suite 114</u>
<u>Jupiter, FL 33458</u>	<u>Jupiter, FL 33458</u>


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

Name:	<u>Louis Apicella</u>
Office Address:	<u>555 Heritage Drive, Suite 114</u>
	<u>Jupiter</u> <u>33458</u>
	(City) , Florida (Zip code)

2024 SEP 30 PM 4:30

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.


(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: Robert Gasparini

☐ Member Address: 555 Heritage Drive, Suite 114

☒ Authorized Jupiter FL 33458

Person _____

☐ Other _____ ☐ Other _____

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

☒ Manager Name: Anthony L. Schmidt

☐ Member Address: 555 Heritage Drive, Suite 114

☒ Authorized Jupiter FL 33458

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: Steven Brodie

☐ Member Address: 555 Heritage Drive, Suite 114

☒ Authorized Jupiter FL 33458

Person _____

☐ Other _____ ☐ Other _____

☒ Manager Name: Louis Apicella

☐ Member Address: 555 Heritage Drive, Suite 114

☒ Authorized Jupiter FL 33458

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

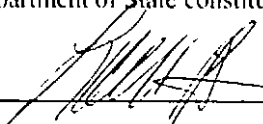
Person _____

☐ 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.



Signature of an authorized person

Louis Apicella

Typed or printed name of signee

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "CANCER CELL 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 TWENTY-FOURTH DAY OF SEPTEMBER, A.D. 2024.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



3663653 8300

SR# 20243777891

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Authentication: 204475976

Date: 09-24-24