M24000013452

	Requestor's Name)
	Address)
(Address)
	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
	Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
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Office Use Only



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OCT 22 WA



Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 10/21/24 Order #: 1657987-1

Re: Precision for Medicine, LLC Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.0 - FL State Account Number:

120000000195

Certificate of Good Standing from State of Incorporation

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

TO: Registration Section

SUBJECT:	Precision for Medicine, LLC	
		e of Limited Liability Company
		Company for Authorization to Transact Business in Florida," Certificate o referenced foreign limited liability company to transact business in Florida
Please return	all correspondence concerning this matter to	o the following:
	Fabienne Legrand	
		Name of Person
	Precision Medicine Group, LLC	
		Firm/Company
	2 Bethesda Metro Center, Suite 85	0
		Address
	Bethesda, Maryland 20814	
	C	Sity/State and Zip Code
e e a ·	•	e used for future annual report notification)
For further i	nformation concerning this matter, please cal	II:
Fal	bienne Legrand	240 652 4833 at ()
	Name of Contact Person	at () Area Code Daytime Telephone Number
Re	iling Address: gistration Section vision of Corporations	Street Address: Registration Section Division of Corporations
P.C	D. Box 6327 Ilahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303
Ple	closed is a check for the following amount: ase make check payable to: FLORIDA DEP \$125.00 Filing Fee \$130.00 Filing Fe Certificate of	e & 🔲 \$155.00 Filing Fee & 🖂 \$160.00 Filing Fee, Certificate

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:

name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flo	orida. The alternate name must include "Limited Liab	ility Company," "L.L.C,
ew Jersey		3	
Jurisdiction under the law of w	hich foreign limited liability company is organized)	3(FEI number	if applicable)
10/21/2024			
	(Date first transacted business in Florida, if prior to a (See sections 605.0904 & 605.0905, F.S. to determi	registration.) ne penalty liability)	·-··
2 Bethesda Metro Center, Suite 850		2 Bethesda Metro Center, Suite 850	
et Address of Principal Office)		6. (Mailing Address)	_
Bethesda, Maryland	20814	Bethesda, Maryland 20814	
Name:	SS of Florida registered agent: (P.O. Box Corporation Service Company 1201 Hays Street	NOT acceptable)	22.0 : 51 9: 2
	Corporation Service Company	NOT acceptable) 32301	6

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: Matthew J. DeZee Stacey J. Hanna Manager Manager 2 Bethesda Metro Center Address: 2 Bethesda Metro Center □Member □Member Suite 850, Bethesda, MD 20814 Suite 850, Bethesda, MD 20814 ☐ Authorized Authorized Person Person □Other _____ ☐Other_____ □Other_____ □Other __ Name: ☐ Manager Name: ______ □Manager □Member Address: _____ □Member Address: ______ ☐ Authorized ☐ Authorized Person Person □Other □Other ____ ☐Other__ _____ □Other____ □Manager □Manager Name: _____ Name: ______ □Member Address: ______ □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.

Matthew J. DeZee

STATE OF NEW JERSEY DEPARTMENT OF THE TREASURY DIVISION OF REVENUE AND ENTERPRISE SERVICES SHORT FORM STANDING

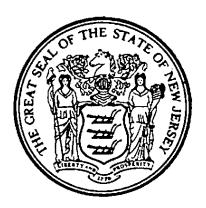
PRECISION FOR MEDICINE, LLC 0600254894

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on December 08, 2005.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and office are:

CORPORATION SERVICE COMPANY PRINCETON SOUTH CORPORATE CENTER. SUITE 160, 100 CHARLES EWING BLVD EWING, NJ 08628



IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 21st day of October, 2024

Elizabeth Maher Muoio State Treasurer

Sheet A New

Certificate Number: 6158179401

Verify this certificate online at

https://www.l.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp