



State of Rhode Island and Providence Plantations
Department of State - Business Services Division

Application for Registration FOREIGN Limited Liability Company

→ Filing Fee: \$150.00

Pursuant to the provisions of RIGL 7-16-49, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the State of Rhode Island, and for that purpose submits the following statement:

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CORPORATIONS DIV
2018 APR 12 AM 10:20

1. The name of the limited liability company is:

Pathway Diagnostics LLC

Is this company organized in its state or country of formation as a low-profit limited liability company? Yes ☐ No ☒

The name, if different, under which it proposes to register and transact business in Rhode Island is:

2. The LLC is organized under the laws of: **Mississippi**

3. The date of its organization is: **1/22/2016**

And the period of its duration is: **CHECK ONE BOX ONLY**

☒ Perpetual (on-going)

☐ Date certain for dissolution _____

4. The name and address of the resident agent/office in Rhode Island is:

Agent Name **Registered Agents, Inc.**

Street Address (NOT a P.O. Box) **One Richmond Square, Suite 125B**

City/Town **Providence**

State **RHODE ISLAND**

Zip Code **02906**

5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

Hiring a Phlebotomist to work in Rhode Island to collect samples for our laboratory located in Picayune, MS.

Check the box to indicate an attachment ☐

MAIL TO:

Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040
Website: www.sos.ri.gov

FILED

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BY **329353**
10:17

6. The RI Department of State is appointed the agent of the foreign limited liability company for service of process if, at any time, there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence.

7. The address of the office required to be maintained in the state or country of its organization by the laws of that state or, if not so required, of the principal office of the foreign limited liability company is:

100 Street A, Suite E, Picayune, MS 39466

8. The mailing address for the limited liability company is:

100 Street A, Suite E, Picayune, MS 39466

9. Management of the Limited Liability Company:

The Limited Liability Company is to be managed by: **CHECK ONLY ONE BOX**

☐ By its members (If you have checked this box, go to Section 9. (DO NOT fill out the chart below.)

☒ By one (1) or more managers (List managers below)

MANAGER	ADDRESS
Rob Konrad	5813 Citris Blvd, Harahan, LA 7023

10. This application must be accompanied by a Certificate of Good Standing/Letter of Status from the state or country of formation dated within 60 days of the date of filing.

11. Date when this application for Certificate of Registration will be effective: **CHECK ONE BOX ONLY**

☒ Date received (Upon filing)

☐ Later effective date (Date must be no more than 30 days from the date of filing) _____

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Type or Print Name of LLC

Pathway Diagnostics LLC

Date

4/6/2018

Signature of Authorized Person



SIGN DOCUMENT HERE



DELBERT HOSEMANN
Secretary of State
Office of the Secretary of State
Jackson, Mississippi

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Certificate of Good Standing

I, C. DELBERT HOSEMANN, JR., Secretary of State of the State of Mississippi, and as such, the legal custodian of the records as required by The Mississippi Limited Liability Company Act to be filed in my office do hereby certify:

PATHWAY DIAGNOSTICS, LLC

Registered the 22nd day of January, 2016

A Mississippi Limited Liability Company has filed the necessary documents in this office and has obtained a certificate of formation under the provisions of The Mississippi Limited Liability Company Act as shown by the records in this office.

That the registered office of said Limited Liability Company is located at:

100 Street A Suite E
Picayune, MS 39466

And that the registered agent at that address is:

Debbie Lewis

I further certify that said Limited Liability Company has paid the fees for filing the above papers required by law as shown by the records of this office, and that said Limited Liability Company is in good standing to do business in Mississippi at this time.

Given under my hand and seal of office
the 23rd day of April, 2018

C. Delbert Hosemann, Jr.

C. DELBERT HOSEMANN, JR.
Secretary of State

Certificate Number: CN18051181

Verify this certificate online at <http://corp.sos.ms.gov/corpcnv/verifycertificate.aspx>



State of Rhode Island and Providence Plantations
Department of State | Office of the Secretary of State
Nellie M. Gorbea, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island
and Providence Plantations, hereby certify that this document, duly executed in
accordance with the provisions of Title 7 of the General Laws of Rhode Island, as
amended, has been filed in this office on this day:

April 25, 2018 10:17 AM

The signature is written in a cursive, flowing style in blue ink. It appears to read "Nellie M. Gorbea".

Nellie M. Gorbea
Secretary of State

