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 CORPORATION DIVISION
 2019 FEB 11 PM 12:43

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:

1. The name of the limited liability company is:		
ARIA DIAGNOSTICS LLC		
Is this company organized in its state or country of formation as a low-profit limited liability company? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
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: INDIANA		
3. The date of its organization is: FEBRUARY 12, 2015		
And the period of its duration is: CHECK ONE BOX ONLY		
<input checked="" type="checkbox"/> Perpetual (on-going)		
<input type="checkbox"/> Date certain for dissolution _____		
4. The name and address of the resident agent/office in Rhode Island is:		
Agent Name ANDREW TINE		
Street Address (<u>NOT</u> a P.O. Box) 18 MAPLE AVENUE		
City/Town BARRINGTON	State RHODE ISLAND	Zip Code 02808
5. The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:		
ARIA DIAGNOSTICS IS PLACING A SATELLITE LAB IN RHODE ISLAND TO OFFER CLINICAL TESTING SERVICES TO LOCAL HEALTH CARE PROVIDERS.		
Check the box to indicate an attachment <input type="checkbox"/>		

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 STAMP

FEB 11 2019 SECRETARY OF STATE

BY YXBFE

A.A. 12:43 p.m.

FORM 450 - Revised 01/2019

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:

5635 W. 96TH STREET, SUITE 300, INDIANAPOLIS, IN 46278

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

5635 W. 96TH STREET, SUITE 300, INDIANAPOLIS, IN 46278

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

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 90 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.

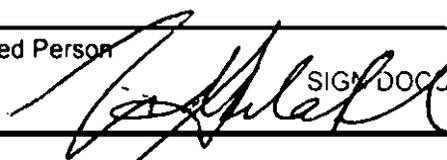
Type or Print Name of LLC

ARIA DIAGNOSTICS LLC

Date

FEBRUARY 6, 2019

Signature of Authorized Person

 SIGN DOCUMENT HERE

State of Indiana
Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

ARIA DIAGNOSTICS LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 12, 2015, and was in existence or authorized to transact business in the State of Indiana on February 06, 2019.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State; or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.

In Witness Whereof, I have caused to be affixed signature and the seal of the State of Indiana, at the of Indianapolis, February 06, 2019

Connie Lawson

CONNIE LAWSON
SECRETARY OF STATE



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All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on March 08, 2019.