# M18000010311

| (Re                     | questor's Name)   | <del></del> _ |
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| (Cit                    | y/State/Zip/Phon  | e #)          |
| PICK-UP                 | ☐ WAIT            | MAIL          |
| (Bu                     | siness Entity Nai | me)           |
| (Do                     | cument Number)    | )             |
| Certified Copies        | _ Certificate     | s of Status   |
| Special Instructions to | Filing Officer:   |               |
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A Comment

### COVER LETTER

| TO:      | Registration Sect<br>Division of Corpo  |                                     |                                    |  |  |
|----------|---|-------------------------------------|------------------------------------|--|--|
| SUBJE    | Atlantic Diag   |                                     |                                    |  |  |
|          |   | Name of                             | Limited Liability C                | Company  | - <del></del>  |
|          |   |                                     |                                    |  | insact Business in Florida," Certificate of<br>company to transact business in Florida |
| Please i | return all correspon  | dence concerning this matter to the | following:                         |  |  |
|          | Peter Tu  | irco                                |                                    |  |  |
|          |   | N                                   | ame of Person                      |  |  |
|          | America   | on Imaging PR, Inc.                 |                                    |  |  |
|          |   | Į.                                  | irm/Company                        |  |  |
|          | 127 NW  | 13th Street, Suite C13              |                                    |  |  |
|          |   |                                     | Address                            |  |  |
|          | Boca Ra   | nton, FL 33432                      |                                    |  |  |
|          |   | City/S                              | State and Zip Code                 |  | <del></del>  |
|          | pturco357   | /@gmail.com                         |                                    |  |  |
|          |   | E-mail address: (to be use          | d for future annual                | report not                                     | ification)   |
| For fur  | ther information cor  | neerning this matter, please call:  |                                    |  |  |
|          | Peter Turco   |                                     | 561<br>at (                        | 620-36<br>_)                                   |  |
|          | ì   | Name of Contact Person              | Area Code                          | Day  | time Telephone Number  |
|          | MAILING ADD<br>Division of Corpo<br>Registration Secti<br>P.O. Box 6327<br>Tallahassee, Fl. 3 | orations<br>ion                     |                                    | Division<br>Registrat<br>Clifton B<br>2661 Exc | CADDRESS: of Corporations ion Section oilding ceutive Center Circle see, FL 32304      |
| Enclose  | ed is a check for the   | following amount: Fee               | □ \$155.00 Filir<br>Certified Copy | ng Fee &                                       | ☐ \$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 605,09(2), FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

| (Name of Foreign)  | <u> </u>   |  |  |   |
|--|--|--|--|---|
|  | one adopted for the purpose of transacting business  | in Florida. The alteracte  | name must include "Limited Linb<br>hood incl   | (Etty Company," "L.L.C," or "LLC.")   |
| Pennsylvania   | ich fineign limited liability company is organizad)  | 3. 40-   | 3093493<br>(FE) work   | x, if applicable)   |
| () Marie Company and the part of the   | oth micely miner record southern is or a mineral   |  | ·  |   |
|  |  | alas la cariatesta V   |  |   |
|  | (Date first transacted business in Florida, if p<br>(See sections 605.0904 & 605.0905, F.S. to   | determine panalty liability  | )  |   |
| 1755 N. 13th Street, St  | nite 217   | 6  | (Maling Adds   | \   |
| (Street Address of P<br>Philadelphia, PA 1812)   |  |  | (/444/114)   | ,   |
| I III Macipulation   |  |  |  |   |
| <del></del>  |  | <del></del>  | <del></del>  |   |
| Nama and street addres   | s of Florida registered agent: (P.O.   | Box NOT accer  | table)   |   |
| Manie and Marks adding   | American Imaging PR, Inc.  |  | •  |   |
| Name:  | American unaging 1 k., inc.  |  | <del></del>  |   |
| Office Address:  | 127 NW 13th Street, Suite C13  |  | <b></b>  |   |
|  | Boca Raton   |  | , Florida 33432 (Zip cod   |   |
|  | (City)   |  | , <del> </del>   | •)  |
| rving been named as re<br>signated in this applica<br>comply with the provis   | tance: gistered agent and to accept service tion, I hereby accept the appointm tions of all statutes relative to the p to of my position as registered agent   | eent as registered<br>roper and comple   | he above stated limited<br>agent and agree to act  | l Eability company at the p<br>in this capacity. I further<br>duties, and I am familiar   |
| signated in this applica<br>comply with the provis<br>id accept the obligation<br>. The name, title or cap   | tance: gistered agent and to accept service tion, I hereby accept the appointm tions of all statutes relative to the p s of my position as registered agen (Ropmred acity and address of the person(s) v   | rent as registered roper and completed and c | he above stated limited agent and agree to act the performance of my Presiden  | Eability company at the p<br>in this capacity. I further<br>duties, and I am familiar   |
| aving been named as re<br>signated in this applica<br>comply with the provis<br>ad accept the obligation   | tance: gistered agent and to accept service stion, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen (Roysured   | rent as registered roper and completed and c | he above stated limited agent and agree to act the performance of my   | l Eability company at the p<br>in this capacity. I further<br>duties, and I am familiar   |
| aving been named as re<br>signated in this applica<br>comply with the provis-<br>id accept the obligation<br>. The name, title or cap  | tance: gistered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered ages  (Ropered acity and address of the person(s) w Name and Address: Nate Hollander   | rent as registered roper and complete the second se | he above stated limited agent and agree to act the performance of my Presiden  | Eability company at the p<br>in this capacity. I further<br>duties, and I am familiar   |
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| sying been named as resignated in this applicationally with the provised accept the obligation.  The name, title or caparity:  Pres  Jse attachments if necessary in necessary in necessary in necessary in necessary.   | stance: gistered agent and to accept service gistered agent and service to the property of the person | tent as registered roper and complete (and a signature) who has/have authorities (3.3.2.   | he above stated limited agent and agree to act the performance of my President of the performance of the performance of the performance is a rectivity to manage is a rectivity. | Eability company at the pin this capacity. I further duties, and I am familiar hame and Address:  |
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| rying been named as resignated in this application this application with the provision accept the obligation.  The name, title or caparities or Canacity:  Pres  Jee attachments if necessarish acceptation and acceptation to the law the translator must be seen as a serial categories.   | stance: gistered agent and to accept service ation, I hereby accept the appointm ions of all statutes relative to the p s of my position as registered agen  (Reputered acity and address of the person(s) v  Name and Address:  Nate Hollander  127 NW 13th St.  Boca Raton, FL.  234  ssary) e of existence, no more than 90 day of which it is organized. (If the certain submitted)  | s old, duly authentificate is in a form  | he above stated limited agent and agree to act the performance of my Pres cless ority to manage is/are: or Capacity:  ticated by the official heigh language, a transla          | Rability company at the p in this capacity. I further duties, and I am familiar  Name and Address:  aving custody of records in tion of the certificate under |
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## COMMONWEALTH OF PENNSYLVANIA DEPARTMENT OF STATE 10/23/2018

### TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

#### ATLANTIC DIAGNOSTICS LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Acting Secretary of the Commonwealth

Robert Lanes

Certification Number: TSC181023161894-1

Verify this certificate online at http://www.corporations.pa.gov/orders/verify