-05 0000005195

(Re	equestor's Name)	
(Ac	ddress)	,
(Ad	ddress)	
(Ci	ty/State/Zip/Phone #)	
PICK-UP	☐ WAIT	MAIL
(Bo	usiness Entity Name)	
(De	ocument Number)	
Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
		No
	Office Use Only	CUL



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FILE

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: ALLIANT DIAGNO (Name of corporation - r	nust include suffix)
Dear Sir or Madam: Foreign Corpora	alon
The enclosed "Application by Foreign Corporation for Auth "Certificate of Existence," and check are submitted to regist transact business in Florida.	
Please return all correspondence concerning this matter to the	he following:
Jesse Berge	
(Name of Per	7
ALLIANT Diagno	DSTICS TOC FOR SP Ny) STICS TOC FOR SP
123 NW 13th STre	er State 313 5
(Address)	
	Lovida 33432 58 75 75 75 75 75 75 75 75 75 75 75 75 75
(City/State and 2	Zip code) $\frac{1}{2}$ $\frac{1}{2}$ $\frac{1}{2}$
For further information concerning this matter, please call:	
Par Heiseles (Accounting) at (5/01) (Name of Person) Dept (Area Code	8010 - 8000 X 212 & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines St. Tallahassee, FL 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
Enclosed is a check for the following amount:	
	8.75 Filing Fee & X \$87.50 Filing Fee, certified Copy Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

REGISTER A FO	E WITH SECTION 607.150 REIGN CORPORATION TO	O TRANSACT BUSI				
(Enter name of o	LIANT DIAGNOSTICS, corporation; must include "ING orp," "Inc," "Co," or "Corp.")	CORPORATED," "C	ompany," -c	ORPORATION,"		
(If name unavail	able in Florida, enter alternate	corporate name adop	1			
2	ELAWARE under the law of which it is in	3,		30-283		
(State or country	under the law of which it is ir	icorporated)	(FEI	number, if applicable)		
4 <u>JT</u>	INE 18, 1996 of incorporation)	5	PERPETUAL			
(Date	of incorporation)	(Di	iration: Year co	rp. will cease to exist or	r "perpetual")	
6. <u>D</u> F		sacted business in Flo				
	•	07.1501 & 607.1502, i		e penany naomny)		0
7. 123 N.W. 1	3th Street, Suite			432	<u> </u>	လ
	(Pri	ncipal office address)		•	1-1	05 SEP
<u> 123 N.W. 1</u>	3th Street, Suite : (Cu	313, Boca Ratio rent mailing address)		132	- <u> </u>	l l
	packground checks as				FLORIDA	PH 12: 02
(Purpose(s) of corporation authorized in	home state or country	y to be carried by	ut in state of Florida)	SA SA	02
9. Name and street	<u>et address</u> of Florida registe	red agent: (P.O. Bo	эх <u>NOT</u> ассерт	table)	_	
Name:	Jesse Berger		-			
Office Address:	123 N.W. 13th St	eet. Suite 31	3			
	Boca Raton		, Florida 334			
	(City)		(Z i	ip code)		
Having been nam designated in this further agree to c	gent's acceptance: sed as registered agent and application, I hereby acce comply with the provisions with and accept the obliga	pt the appoi <mark>ntme</mark> nt of all statutes relati	as registered a ve to the prope	gent and agree to ac r and complete perfo	t in this capaci	ty. I
_	(Registered a	gent's signature)				

- II. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.
- 12. Names and business addresses of officers and/or directors:

A. DIRECTO	RS .			
Chairman:				
Address:		···········		
Directorus	Jared Robinson			
	123 N.W. 13th Street, Suite 313, Boca Raton, FL 33432			
Director:	Kevin Rutherford			
Address:	123 N.W. 13th Street, Suite 313, Boca Raton, FL 33432			
Director:	Jesse Berger			
Address:	123 N.W. 13th Street, Suite 313, Boca Raton, FL 33432			
B. OFFICERS				
President:	Jared Robinson	·····		
Address:	123 N.W. 13th Street, Suite 313, Boca Raton, FL 33432		05 SEP	
Vice President:	Jesse Berger		1	-
Address:	123 N.W. 13th Street, Suite 313, Boca Raton, FL 33432		PH 12:	Ċ
Sccretary:		STATE	12: 02	
Address:				
Treasurer:			<u> </u>	
Address:		<u> </u>		
NOTE: If neces	ssary, you may attach an addendum to the application listing additional officers and/or	directors.		
13.	Low you	 .		
14 <u>Jess</u>	(Signature of Director or Officer listed in number 12 of the application) Berger, Vice President and Director			
	(Typed or printed name and capacity of person signing application)			

Delaware

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "ALLIANT DIAGNOSTICS, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE THIRTY-FIRST DAY OF AUGUST, A.D. 2005.

Varriet Smith Hindson

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 4127191

DATE: 08-31-05

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