F09000003640

(Requestor's Name)	•
(Address)	•
(Address)	•
(City/State/Zip/Phone #)	,
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
,	
1,209 -329817	
400100	
Office Use Only	



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08/27/09--01014--002 **70.00

2009 SEP 1.0 PM 4: 51
SECRETARY OF STATE
TALLAHASSEE: FLORIDA

COVER LETTER

TO: New Filing Section Division of Corporations	
SUBJECT: Diversified S	Cientific Services, INC.
	ion - must include suffix)
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation fo "Certificate of Existence," and check are submitted to transact business in Florida.	
Please return all correspondence concerning this matter	er to the following:
Naomi Wilkerson	
(Name o	of Person)
Diversified Scientific Services, INC.	
(Firm/C	ompany)
8302 Dunwoody Place Ste.250	
(Add	dress)
Atlanta,GA 30350	
(City/State	and Zip code)
	•
For further information concerning this matter, please	call:
Naomi Wilkerson at (770	₎ 587-9898 ext.116
at (Code & Daytime Telephone Number)
(Caron	
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building	MAILING ADDRESS: New Filing Section Division of Corporations P.O. Box 6327
2661 Executive Center Circle Tallahassee, FL 32301	Tallahassee, FL 32314
Enclosed is a check for the following amount:	
\$70.00 Filing Fee \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & \$87.50 Filing Fee, Certified Copy Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

August 28, 2009

NAOMI WILKERSON DIVERSIFIED SCIENTIFIC SERVICES INC 8302 DUNWOODY PLACE, SUITE 250 ATLANTA, GA 30350

SUBJECT: DIVERSIFIED SCIENTIFIC SERVICES, INC.

Ref. Number: W09000038987

We have received your document for DIVERSIFIED SCIENTIFIC SERVICES, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity's date of incorporation/organization must be listed in the document.

Please list the Federal Employer Identification number in the appropriate section of the application. If applied for, enter "applied for", or if not applicable, enter "N/A".

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole Regulatory Specialist II

Letter Number: 709A00029059

RECEIVED

09 SEP 10 PM 12: 14

DEPARTMENT OF STATE

DIVISION OF CORPORATION

TALLAHASSEE FLORIDA

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

Ten		3. 42-1321957 (FEI number, if applicable)
lo	-25-87	_{5.} Perpetual
(Date Jan. 1 200	of incorporation)	(Duration: Year corp. will cease to exist or "perpetual")
. 0011. 1 200	(Date first transacted busine	ess in Florida, if prior to registration) 07:1502, F.S., to determine penalty liability)
, 575 Oak R	idge Turnpike, Suite 200	
•	(Principal office	
8302 Duny	voody Place Ste. 250 Atla	inta,GA 30350
	of corporation authorized in home state of taddress of Florida registered agent:	or country to be carried out in state of Florida) (P.O. Box NOT acceptable)
		(P.O. Box NOT acceptable)
. Name and stree	t address of Florida registered agent: ((P.O. Box NOT acceptable)
Name and stree	taddress of Florida registered agent: (Corporation Service	(P.O. Box NOT acceptable) Company Com
Name and stree	taddress of Florida registered agent: (Corporation Service 1201 Hays Street	(P.O. Box NOT acceptable) Company Com

11. 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. DIRECTORS Chairman: Jon Colin Address: 657 Union Boulevard Totowa, NJ 07512 Vice Chairman: Dr. Charles E. Young Address: 3250 Public Policy Bldg, Box 951656, UCLA, Los Angeles, CA 90095 **B. OFFICERS** President: Louis Centofanti Address: 315 Wilderlake Ct Atlanta, GA 30328 Vice President: Ben Naccarato Address: 1875 Hadfield Blvd Roswell, GA 30075 Secretary: ___ Address: ___ NOTE: If necessary, you may attach an addendy noto the application listing additional officers and/or directors. (Signature of Director of Officer listed in number 12 of the application) Ben Naccareto (Typed or printed name and capacity of person signing application)

Secretary of State **Division of Business Services** 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, Tennessee 37243

> VICTORIA TAYLOR 8302 DUNWOOODY PLACE SUITE 250 ATLANTA, GA 30350

ISSUANCE DATE: 09/08/2009 REQUEST NUMBER: 09251113 TELEPHONE CONTACT: (615) 741-6488

CHARTER/QUALIFICATION DATE: 06/25/1987 STATUS: ACTIVE CORPORATE EXPIRATION DATE: PERPETUAL CONTROL NUMBER: 0190676
JURISDICTION: TENNESSEE

REQUESTED BY: VICTORIA TAYLOR 8302 DUNWOOODY PLACE SUITE 250 ATLANTA, GA 30350

CERTIFICATE OF EXISTENCE

I, TRE HARGETT, SECRETARY OF STATE OF THE STATE OF TENNESSEE DO HEREBY CERTIFY THAT

"DIVERSIFIED SCIENTIFIC SERVICES, INC."

IS A CORPORATION DULY INCORPORATED UNDER THE LAW OF THIS STATE WITH DATE OF INCORPORATION AND DURATION AS GIVEN ABOVE;
THAT ALL FEES, TAXES, AND PENALTIES OWED TO THIS STATE WHICH AFFECT THE
EXISTENCE OF THE CORPORATION HAVE BEEN PAID;
THAT THE MOST RECENT CORPORATION ANNUAL REPORT REQUIRED HAS BEEN FILED WITH THIS OFFICE; AND
THAT ARTICLES OF DISSOLUTION HAVE NOT BEEN FILED; AND
THAT ARTICLES OF TERMINATION OF CORPORATE EXISTENCE HAVE NOT BEEN FILED

FOR: REQUEST FOR CERTIFICATE

ALPHARETTA, GA 30004-0000

ON DATE: 09/08/09

RECEIVED:

\$20.00

\$0.00

TOTAL PAYMENT RECEIVED:

\$20.00

RECEIPT NUMBER: 00004666529

ACCOUNT NUMBER: 00641953



FROM:

PAM A ITTAH

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SECRETARY OF STATE