

L000000 205137



ACCOUNT NO. : 1000000032

REFERENCE : 786 7160985

AUTHORIZATION :

Patricia Kipper

COST LIMIT : 125.00

ORDER DATE : April 17, 2000

ORDER TIME : 9:04 AM

ORDER NO. : 665786-005

CUSTOMER NO: 7160985

400003240304--6

CUSTOMER: Dr. Keith E. Rayne
KEITH E. RAYNE, D.C.
KEITH E. RAYNE, D.C.
8404 Abercorn Street

Savannah, GA 31406

DOMESTIC FILING

NAME: TOTAL DIAGNOSTICS, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Erika Carlson

EXAMINER'S INITIALS:

FILED
00 MAY -4 PM 2:08
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
00 MAY -4 PM 4:40
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOTAL DIAGNOSTICS, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

16300 NE 19TH AVENUE, SUITE 109, NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

KEITH RAYNE
Name
16300 NE 19TH AVENUE, SUITE 109
Florida street address (P.O. Box NOT acceptable)
NORTH MIAMI BEACH FL 33162
City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

see attached

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R Dunlap
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

LAURA R. DUNLAP
Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA

ACCEPTANCE OF REGISTERED AGENT
DESIGNATED IN THE ARTICLES OF ORGANIZATION

Keith Rayne, an individual residing in this
state, having a business office identical with the registered
office of the corporation named below, and having been
designated as the Registered Agent in the above and foregoing
Articles of Organization.

TOTAL DIAGNOSTICS, LLC

Keith Rayne is familiar with and accepts the
obligations of the position of Registered Agent under Section
608, Florida Statutes.

By:

Keith Rayne

Typed Name: Keith Rayne

CRL

FILED
00 MAY -4 PM 2:08
SECRETARY OF STATE
TALLAHASSEE FLORIDA