

Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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LIMITED LIABILITY COMPANY

Acclaim Diagnostics L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	702 03
Estimated Charge	\$130.00

T-495 P.002/003 F-004

ARTICLES OF ORGANIZATION OF Acclaim Diagnostics L.L.C.

ARTICLE I

NAME

The name of the limited liability company shall be: Acclaim Diagnostics L.L.C.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 13307 Whispering Palms Place, Apt. 304, Largo, Florida 33774-2558.

ARTICLE III

INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Richard Einhorn, 2001 Sheffield Ct, Oldsmar, Florida 34677. Located in the County of Pinellas.

ARTICLE IV

DURATION

The duration for the limited liability company shall be: 12/31/2041.

ARTICLE V

MANAGERS

The management of the limited liability company is reserved for the Members and the name and address of the member of the Limited Liability Company is:

Moreen Austin, 13307 Whispering Pines Place, Apt 304, Largo, Florida 33774-2558

Richard Oster, Vice President, Business Filings Incorporated.

Prepared by Richard Oster, Business Filings, 8025 Excelsior Dr. Suite 200, Madison, WI 53717.

(608) 827-5300.

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name of the limited liability company is: Acclaim Diagnostics L.L.C.

The name and address of the registered agent and office is Richard Einhorn, 2001 Sheffield Ct, Oldsmar, Florida 34677. Located in the County of Pinellas.

Having been named as registered agent and to accept service of process for the above stated corporation 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.

FAX AUDIT # HO000015 0703