# 1080000 ao 13

(Requestor's Name)
(Address)
(Address)
(City (Chata / Zin (Dlague 4))
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
789 6086671

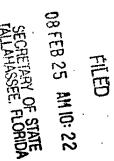
Office Use Only

208-8156



100117809791

02/14/08--01012---010 \*\*185.00



### **Articles of Organization**

**ARTICLE 1:** 

(Company Names)

Diagnoxxtics, LLC

**ARTICLE II:** 

(Mailing & Street Address)

4997 Cason Cove Drive #115

Orlando, FL 32811

**ARTCLE III:** 

(Registered Agents)

**NRAI Services, Inc** 

2731 Executive Park Drive, Suite 4

Weston, FL 33331

**ARTICLE IV:** 

(MGR)

Richard Clark Jr

4997 Cason Cove Dr. #115

Orlando, FL 32811



#### ATTN: Marsha Thomas

I'm Richard Clark Jr and I would like to file my company, Diagnoxxtics, LLC as a new LLC company without the conversion please. I think I just filed the wrong paperwork in the beginning. For any money that is not used out of the \$185 I have already sent please send back to me at the address I have provided below. Think you for your time.

Richard Clark Jr 4997 Cason Cove Dr #115 Orlando, FL 32811 (407) 913-0909





#### FLORIDA DEPARTMENT OF STATE Division of Corporations

February 15, 2008

RICHARD CLARK JR 4997 CASON COVE DR #115 ORLANDO, FL 32811

SUBJECT: DIAGNOXXTICS, LLC Ref. Number: W08000008156

We have received your document for DIAGNOXXTICS, LLC and your check(s) totaling \$185.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The converting Florida entity must be active on our records.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Letter Number: 808A00009933

Marsha Thomas Regulatory Specialist II OB FEB 25 AM IO: 23
SECRETARY OF STATE
TALLAHASSEE FLORIDA

ARTICLE I - Name:

FROM Waterview Apartments

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
4997 Cason Coire Dr. 4997 Cason Coire Dr. Unit # 115 Unit # 115 Orlando, FL 38811 Orlando, FL 38811 200
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
NRAI Services, Inc.
Name  8731 Executive Park Drive, Suite 4  Florida street address (P.O. Box NOT acceptable)
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

Registered Agent's Signature (REQUIRED) (CONTINUED) Xonda Diven, Assistant Secretary
Page 1 of 2

Chapter 608, F.S..

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE

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.)

yped or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)