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**EXAMINER** 



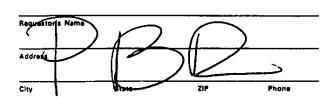
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CORPORATION(S) NAME

W.P. Verifier

Special	Diagnostice	s, LLC
) Profit		
) NonProfit	( ) Amendment	( ) Merger
) Foreign	( ) Dissolution	( ) Mark
) Limited Partnership ) Reinstatement	( ) Annual Report ( ) Reservation	Change of Registered Agent
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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

SPECIAL DIAGNOSTICS, LLC

### **ARTICLE II - Address:**

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

14545 Military TRAIL #129 DELRAY BEACH, FLORIDA 33484

# **ARTICLE III - Registered Agent and Registered Office:**

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

MARCO A. CONDE

Name

14545 Military Trail #129

Florida street address (P.O. Box NOT acceptable)

DELRAY BEACH

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.

Mario A. Conclu

Registered Agent's Signature

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

/s/ MARCO A. CONDE

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.)

Marco A. Conde

Typed or printed name of signee