

L100000025913

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

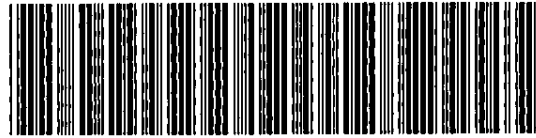
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03/09/10--01002--011 **155.00

RECEIVED
10 MAR - 8 PM 4:40
OFFICE OF THE
SECRETARY OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
MAR - 9 2010
EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 8 AM 9:35

CORPDIRECT AGENTS, INC. (formerly CCRS)
515 EAST PARK AVENUE
TALLAHASSEE, FL 32301
222-1173

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR -8 AM 9:35

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: Kim Weidenbach

DATE: 03/08/10

REF. #: 000409.121110

CORP. NAME: DIGESTIVE MEDICINE HISTOLOGY, LLC

- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 533996 **FOR \$** 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ **COST LIMIT: \$** _____

PLEASE RETURN:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
DIGESTIVE MEDICINE HISTOLOGY, LLC**

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
10 MAR - 8 AM 9:35

ARTICLE I: - Name

The name of the Limited Liability Company is: **Digestive Medicine Histology, LLC.**

ARTICLE II: - Address

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

2140 West 68th Street, Suite 305
Hialeah, Florida 33016

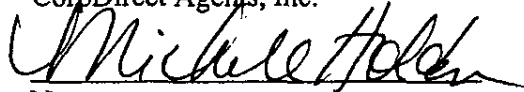
ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature:

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

CorpDirect Agents, Inc.
515 East Park Avenue
Tallahassee, FL 32301

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.

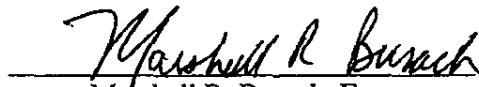
CorpDirect Agents, Inc.



Name: Michele Holden

Title: Assistant Secretary

Registered Agent



Marshall R. Burack, Esq.

Authorized Representative of a Member

Signed and dated this 8th day of March, 2010.