L10000130741

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	ısiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



800188791578

12/22/10--01018--023 **155.00

10 DEC 22 PM 1: 42
SECRETARY OF STATE

J. BRYAN

DEC 23 2010

EXAMINER

COVER LETTER

Division of Corporations
SUBJECT: Clarity I Care Diagnostics, LLC
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Gregory J. Lustig
'Name of Person
Diagnostic Test Group, LLC
Firm/Company mg
33 Southeast 8th Street
Address
Boca Raton, FL 33432
City/State and Zip Code
glustig@claritydiagnostics.com
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Gregory Lustig at (561) 347-5760
Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & Certificate of Status}\$ Certificate of Status \$\text{Certified Copy (additional copy is enclosed)}} \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration Section

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Clarity I Care Diagnostics, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	<u>wraning Address:</u>
33 Southeast 8th Street	33 Southeast 8th Street
Boca Raton, Florida 33432	Boca Raton, Florida 33432

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:

Gregory J. Lust	I g
	Name
33 Southeas	st 8th Street
Florid	a street address (P.O. Box NOT acceptable)
Boca Raton	_{FL} 33432
	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..

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

MGRM	Gregory J. Lustig	<u></u>
	33 Southeast 8th Street	
	Boca Raton, Florida 33432	
MGRM	Rick Simpson	
	33 Southeast 8th Street	
	Boca Raton, Florida 33432	
MGRM	Joaquin Monserrat	
	24 Bloque 42, Casa #1 Santa Rosa	
	Bayamon, Puerto Rico 00959	
MGRM	Marcos Polanco	
	1607 Colon Street #101	
	San Juan, Puerto Rico 00911	
(Use attachment if necessary)		
LE V: Effective date, if other than the	40/40/0040	OPTIONAL)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Typed 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)