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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
MAINSTREAM DIAGNOSTIC LABORATORY LLC**

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

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TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
OCT 12 2011

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Mainstream Diagnostic Laboratory 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:8270 SW 149 CT #208
Miami, FL 33193Mailing Address:8270 SW 149 CT #208
Miami, FL 33193

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:

Jose Jeovanni Villacis
Name8270 SW 149 CT #208Florida street address (P.O. Box NOT acceptable)Miami, FL 33193

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.


Registered Agent's Signature (REQUIRED)

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

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

Title:

"MGR" - Manager

"MGRM" = Managing Member

Name and Address:MGRM

Jose J. Villacis
8270 SW 149 Ct #208
Miami, FL 33193

MGRM

Henry P. Noriega
15135 NW 89 Ct
Miami Lakes, FL 33018

__

(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. 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.)

Jose J. Villacis

Typed or printed name of signee

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