L15000160094

| (Requ | uestor's Name) |) |
|----------------------------|----------------|--------------|
| (Addr | ess) | |
| (Addr | ess) | |
| (City/s | State/Zip/Phor | ne #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Busi | ness Entity Na | me) |
| (Docu | iment Number |) |
| Certified Copies | Certificate | es of Status |
| Special Instructions to Fi | ling Officer: | |
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| | | |

Office Use Only



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COVER LETTER

TO: * Registration Section
Division of Corporations

DIAGNOSIS TECHNOLOGY 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:

RENAN MESQUITA

Name of Person

LARSON ACCOUNTING

Firm/Company

8615 COMMODITY CIR STE 06

Addres

ORLANDO, FL 32819

City/State and Zip Code

consulting@larsonacc.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

EDNALDO MENEZES

...407

9675449

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

□\$125.00 Filing Fee

■\$130.00 Filing Fee & Certificate of Status

□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)

□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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



September 8th, 2015

ARTICLES OF DOMESTICATION

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

To Whom it May Concern,
Dear Florida Division of Corporations,

On July 24th, you have received Articles of Domestication for DIAGNOSIS TECHNOLOGY LLC on our behalf as Registered Agents.

It has came to our attention that this domestication have not been processed.

Please accept our request to perform full domestication of such entity as per filling that has been previously filled and paid for you. Should you have any questions please call us.

Renan M. Mesquita

Market Research Analyst / Corporate
Larson Accounting and Consulting Services, LLC.
8615 Commodity Circle Ste 06
Orlando FL 32819

Ofe.: 407.370.3686 Ext. 106 | Fax: 407.370.3120

Skype: renan.larsonace E-mail: consulting@larsonace.com



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 29, 2015

RENAN MESQUITA LARSON ACCOUNTING 8615 COMMODITY CIR STE 06 ORLANDO, FL 32819

£ 5°

SUBJECT: DIAGNOSIS TECHNOLOGY LLC

Ref. Number: W15000049949

We have received your document for DIAGNOSIS TECHNOLOGY LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The effective date of the domestication cannot be prior to the date of filing nor more than 90 days after the date of filing and must be the same as the effective date listed in the Articles of Organization, if any. We did not receive your document in our office until July 16th.

If we have had no written response within 60 days of this letter, we will consider your document abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

New Filing Section.

Letter Number: 515A00015589

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www.sunbiz.org

ARTICLES OF DOMESTICATION

| In ac | ecordance with 605,1055, Florida Statutes, the Articles of Domestication are submitted for filing: | |
|-------|--|--------|
| 1. | The date on which the entity was first formed was: 06/23/2014 | |
| 2. | The name of the entity immediately prior to the filing of the Articles of Domestication was: | |
| | DIAGNOSIS TECHNOLOGY LLC | |
| 3. | The effective date of the domestication is: | |
| • | (cannot be prior to or 90 days later than date document is received for filing) | |
| | Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date venot be listed as the document's effective date on the Department of State's records. | vill |
| 4. | Attached are Florida Articles of Organization to complete the domestication requirements pursuant to s. 605.0201. | |
| 5, | The jurisdiction that constituted the seat, siege social, or principal place of business or central administration the entity or any other equivalent jurisdiction under applicable law, immediately before the filing of the Art of Domestication was: NEVADA | |
| 5. | The domestication has been approved in accordance with the laws of the jurisdiction of formation of the domesticating entity. | |
| | I am authorized to sign these Articles of Domestication on behalf of the entity. | |
| | Authorized Signature EDNALDO ODES MENEZES | , |
| 7. | Attached is a certificate of status or equivalent document, if any, from the domesticating jurisdiction of form pursuant to s. 605.1055 (3), Florida Statutes. | nation |
| | Articles of Domestication: \$25 Articles of Organization: \$125 | |
| | Total to Domesticate and file: \$150 | 1. |
| | | Ī |

CR2E143 (4/15)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| (Must end with t | LLC the words "Limited Liabil | lity Company, "L.L.C.," or "LLC") | - |
|--------------------------------|---|--|--------------|
| ARTICLE II - Address: | | sipal office of the Limited Liability Company i | s: |
| Principal Office Address: | | Mailing Address: | |
| 8615 COMMODITY CIR STE 0 | 06 | 8615 COMMODITY CIR STE 06 | _ |
| ORLANDO, FL 32819 | | ORLANDO, FL 32819 | |
| | | | |
| | not serve as its own Regi | ffice, & Registered Agent's Signature: stered Agent. You must designate an individual or anoth | er |
| The name and the Florida stree | et address of the regi | stered agent are: | |
| | | | |
| L | ARSON ACCOUNTI | NG AND CONSULTING SVS | |
| <u>L</u> | ****** | - | |
| _ | ****** | NG AND CONSULTING SVS | |
| 86 | N 615 COMMODITY CI | NG AND CONSULTING SVS | |
| 81 | N 615 COMMODITY CI | NG AND CONSULTING SVS lame IR STE 06 | |
| 81 | N 615 COMMODITY CI Florida street address | IR STE 06 (P.O. Box NOT acceptable) | |

(CONTINUED)

Page 1 of 2

| | Title: | Name and Address: | | |
|--------|--|--|----------------------|------|
| ELIM | "AMBR" = Authorized Member "MGR" = Manager AMBR | EDNALDO LOPES MENEZES | | |
| | : | 8615 COMMODITY CIR STE 06 | | |
| - | | ORLANDO, FL 32819 | | |
| • | | | | |
| | | | | |
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| | | | | |
| | | | | |
| | (Use attachment if necessary) | | | |
| (If an | effective date is listed, the date must be | o7/01/2015 ate of filing: (OPTIONA specific and cannot be more than five business days | L) prior to or 90 | days |
| | the date of filing.) | | | |
| | CLE VI: Other provisions, if any. | `; | | |
| | CLE VI: Other provisions, if any. | · · · · · · · · · · · · · · · · · · · | <u> </u> | |
| | CLE VI: Other provisions, if any. | | SEGRETA T | |
| | CLE VI: Other provisions, if any. REQUIRED SIGNATURE: | | 15 JUL 16 PH 3 | |
| | REQUIRED SIGNATURE: Signature of (In accordance with sec constitutes an affirmating I am aware that any fall) | a member or an authorized representative of a member. tion 605.0205 (3), Florida Statutes, the execution of this document ion under the penalties of perjury that the facts stated herein are tru lise information submitted in a document to the Department of State tee felony as provided for in s.817.155, F.S.) | Cu Cu | |