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03-09-16

COVER LETTER

	stration Section sion of Corporations	
SUBJECT:	Accutest Diag.	unstic Services, LLC 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:
	THOMAS	M BOGACZ
		Name of Person
_	Accutest	DIAGNOSTIC SERVICES, LLC Firm/Company
		AMI Trail N, Ste 200 Address
_	Naples,	City/State and Zip Code
		City/State and Zip Code
	T BOGAC	Z99@ GMAIL. COM
	E-mail address: (to be us	sed for future annual report notification)
For further info	rmation concerning this matter, ple	ease call:
TOM	BOGACZ at	(860) 541-1398
_	Name of Person	Area Code Daytime Telephone Number
Enclosed is a	check for the following amount:	
\$125.00 Filin	g Fee \$130.00 Filing Fee & Certificate of Status	
	Mailing Address	Street Address
	New Filing Section	New Filing Section
	Division of Corporations P.O. Box 6327	Division of Corporations
	Tallahassee, FL 32314	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:
Accutest Diagnostic Services, 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: Mailing Address:
4851 TAMIAMI Trail N. Ste 200 "SAME" NAPles, FL 34103
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:
THOMAS M. BOGACZ
Name 12960 Positano Place Unit 304 Florida street address (P.O. Box NOT acceptable)
NAPLes FL 34105 City State 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 605, F.S.
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager	The Acceptance of the Control of the	
MBR/M&R/OWNER	THOMAS M. BOGACZ 12960 POSITANO CIPCLE, UNIT 304 NAPLES, EL 34105	ŀ
	THE RESERVE OF THE RE	
	SSEE P	
(Use attachment if necessary) ICLE V: Effective date, if other than the date is listed, the date must be see	of filing: (OPTIONAL)	1
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