Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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Division of Corporations

Fax Number

: (850)617-6381

From:

Account Name : GERALD WEINBERG, P.C.

Account Number : I200300000043 Phone : (800)342-9856 Fax Number : (800)354-3381

Enter the email address for this business entity to be used for futures annual report mailings. Enter only one email address please.

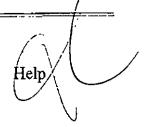
Email Address:			
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FLORIDA LIMITED LIABILITY CO. Diapulse Rx LLC

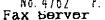
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FT:





March 16, 2022

FLORIDA DEPARTMENT OF STATE Division of Corporations

GERALD WEINBERG, P.C.

SUBJECT: DIAPULSE RX LLC

REF: W22000034805

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections, and refax the complete document, including the electronic filing cover-shee

The document submitted does not meet legibility requirements for electronic filing. Please do not attempt to refax this document until the quality has been improved.

Please return your document, along with a copy of this letter, within days or your filing will be considered abandoned.

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

FAX Aud. #: H22000098396 Tammi Cline Letter Number: 822A00006308 Regulatory Specialist II Supervisor

(H22000 98396 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

•	RTI	M	T I	_1	V.	me.

The name of the Limited Liability Company is:

Diapulse Rx LLC

(Must contain 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:

5891 RODMAN STREET HOLLYWOOD, FL 33023 90-12 HOLLAND AVENUE ROCKAWAY BEACH, NY 11693

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:

DAMON DEMBKOSKI

Nam

5891 RODMAN STREET

Florida street address (P.O. Box NOT acceptable)

HOLLYWOOD

FL

33023

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 postilogial accipted agent as provided for in Chapter 605, F.S.

Agents Signature (REQUIRED)

(CONTINUED)

2022 MAR 18 AM 9: 3

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ARTICLE IV-

(H22-0000 983 94 3)

Title:	Name and Address:
"AMBR" = Authorized Men "MGR" = Manager	
MGR	OUICK-EQUIP LLC
	90-12 HOLLAND AVENUE ROCKAWAY BEACH, NY 11693
AMBR	STIMPRO QILFIELD SERVICES LLC
	FORRT LEE, NJ 07024
AMBR	GIO ASSOCIATES, SDN BHD
<u></u>	A06-03 SKYLOFT, JALAN INDAH 15/2 81200 JOHOR BAHRU, JOHOR MALAYSIA
(Use attachment if necessary	,
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CLE V: Effective date, if other reflective date is listed, the date to of filing.) If the date inserted in this blockward is effective date on the CLE VI: Other provisions, if any REOURED SIGNATURE Signa This docum I am award to constitutes a	than the date of filing: must be specific and cannot be more than five business days prior to or 90 days it does not meet the applicable statutory filing requirements, this date will not be Department of State's records. The state of a member or an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of an authorized representative of a member. The state of a member of a

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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