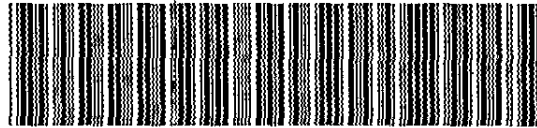


M04000000798

LOWDOWN HEALTH SCREENING LLC
HUMBERTO S. ZAPATA
3150 NW 42ND AVE APT E203
COCONUT CREEK, FL 33066-2198



100028349751

(City/State/Zip/Phone #)

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W04-7031



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

February 18, 2004

HUMBERTO S. ZAPATA
LONGHORN HEALTH SCREENING LLC
3150 NW 42ND AVE, APT. E203
COCONUT CREEK, FL 33066-2198

SUBJECT: LONGHORN HEALTH SCREENING LLC
Ref. Number: W04000007031

We have received your document for LONGHORN HEALTH SCREENING LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must complete number 9 of the application.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges
Document Specialist

Letter Number: 604A00011233

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACTION BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

1. LONGHORN HEALTH SCREENING LLC
(Name of foreign limited liability company)
2. STATE OF NEVADA
(Jurisdiction under the law of which foreign limited liability company is organized)
3. 20-0644164
(FEI number, if applicable)
4. 1-23-04
(Date of Organization)
5. PERPETUAL
(Duration: Year limited liability company will cease to exist or "perpetual")
6. 3-2-04
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.133, F.S.))
7. 3150 NW 42ND AVE 203-E
COCONUT CREEK, FL 33066
(Street address of principal office)

8. If limited liability company is a manager-managed company, check here ☒

9. The name and usual business addresses of the managing members or managers are as follows:

MIKE LOMBARDI } 11096 47th RD. N
KATHY OERTIE-LOMBARDI } ROYAL PALM BEACH 33417

10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: CHOLESTEROL, BLOOD

SUGAR, BLOOD PROTEIN SCREENINGS

H. ZAPATA
Signature of a member or an authorized representative of a member.
(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

HUMBERTO ZAPATA

Typed or printed name of signee

RECEIVED
TALLAHASSEE FLORIDA

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES,
THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING
STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE
STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

LONGHORN HEALTH SCREENING LLC

2. The name and the Florida street address of the registered agent and office are:

HUMBERTO ZAPATA
(Name)

3150 NW 42ND AVE 203-E
Florida street address (P.O. Box **NOT** ACCEPTABLE)

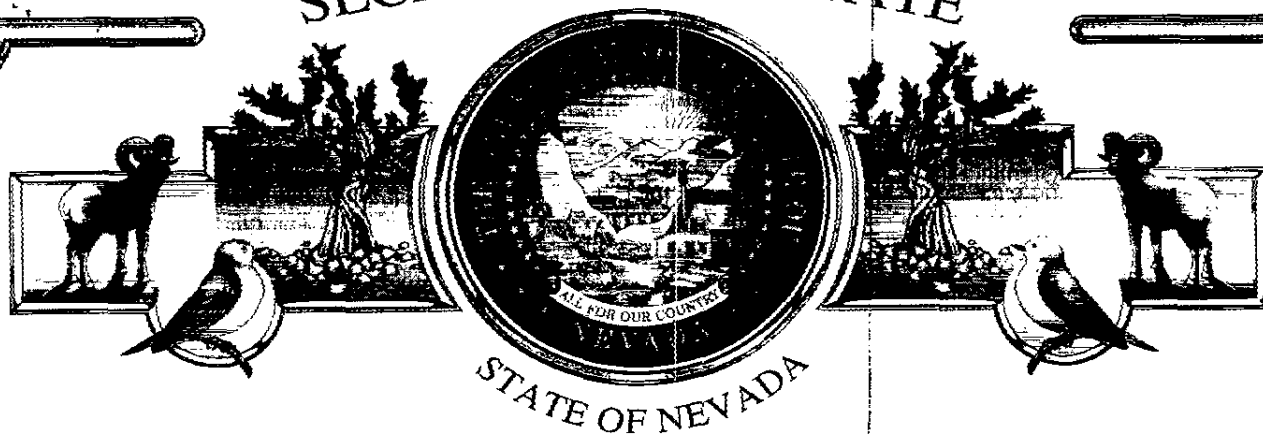
COCONUT CREEK FL 33066
(City/State/Zip)

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 608, F.S.

H Zapata
(Signature)

— \$ 100.00	Filing Fee for Application
— \$ 25.00	Designation of Registered Agent
— \$ 30.00	Certified Copy (optional)
— \$ 5.00	Certificate of Status (optional)

SECRETARY OF STATE



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, DEAN HELLER, the duly elected and qualified Nevada Secretary of State, do hereby certify that I am, by the laws of said State, the custodian of the records relating to filings by corporations, non-profit corporations, corporation soles, limited-liability companies, limited partnerships, limited-liability limited partnerships, limited-liability partnerships and business trusts pursuant to Title 7 of the Nevada Revised Statutes which are either presently in a status of good standing or were in good standing for a time period subsequent of 1976 and am the proper officer to execute this certificate.

I further certify that the records of the Nevada Secretary of State, at the date of this certificate, evidence, **LONGHORN HEALTH SCREENING LLC**, as a limited-liability company duly organized under the laws of Nevada and existing under and by virtue of the laws of the State of Nevada since January 23, 2004, and is in good standing in this state.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the Great Seal of State, at my office, in Carson City, Nevada, on February 2, 2004.



Dean Heller

DEAN HELLER
Secretary of State

By

Chad

Certification Clerk