

FILED
09 MAY 11 PM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Diagnose North America, LLC
(Name of Limited Liability Company)

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

MARCO REIS

(Name of Person)

USA TAX CORPORATION

(Firm/Company)

591 E SAMPLE RD

(Address)

POMPANO BEACH, FL 33064

(City/State and Zip Code)

For further information concerning this matter, please call:

MARCO REIS

(Name of Person)

at (954) 788-1818

(Area Code & Daytime Telephone Number)

MAILING ADDRESS:

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

STREET ADDRESS:

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

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 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 28, 2009

MARCO REIS
USA TAX CORPORATION
591 E. SAMPLE ROAD
POMPANO BEACH, FL 33064

SUBJECT: DIAGNOSE NORTH AMERICA, LLC
Ref. Number: W09000019903

We have received your document for DIAGNOSE NORTH AMERICA, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Unfortunately, the enclosed certified copy does not meet our filing requirements. We require a certificate of existence or certificate of good standing, which usually consists of a single sheet of paper, that clearly reflects the entity is a valid entity in its home state/country. You can obtain the certificate of existence or certificate of good standing from the same office that provided you with the certified copy.

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.

Leslie Sellers
Regulatory Specialist II

Letter Number: 709A00014254

COVER LETTER

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Division of Corporations

SUBJECT: DIAGNOSE NORTH AMERICA, LLC
Name of Limited Liability Company

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MARCO REIS

Name of Person

USA TAX CORP

Firm/Company

591 E SAMPLE RD

Address

POMPANO BEACH

City/State and Zip Code

USATAX@USATAXONLINE.COM

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

For further information concerning this matter, please call:

MARCO REIS

Name of Person

at (954)

Area Code & Daytime Telephone Number

788-1818

MAILING ADDRESS:

Division of Corporations
Registration Section
P.O. Box 6327
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**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 TRANSACT BUSINESS IN THE STATE OF FLORIDA:*

1. **Diagnose North America, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

2. **GEORGIA**

(Jurisdiction under the law of which foreign limited liability company is organized)

3. **26-1229052**

(FEI number, if applicable)

4. **07/07/2007**

(Date of Organization)

5. _____

(Duration: Year limited liability company will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration.)
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

7. **1170 PEACHTREE STREET SUITE 1200**

ATLANTA, GA 33309

(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:

JOSE FRANCISCO FRANCO DE SIQUEIRA

9037 SW 113 PLACE CIR W MIAMI, FL 33176-1178

DIAGNOSE, SA. NO. 46 RUA 5, CENTRO CERES, GOANIA BRAZIL 76300-0000

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: **EXPORTING BUSINESS**

Jose Siqueira

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.)

JOSE FRANCISCO FRANCO DE SIQUEIRA

Typed or printed name of signee

FILED
09 MAY 11 PM 9:56
SECRETARY OF STATE
TALLAHASSEE FLORIDA

**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:

Diagnose North America, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

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

JOSE FRANCISCO FRANCO DE SIQUEIRA

(Name)

9037 SW 113 PALCE CIR W

Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

MIAMI, FL 33176-1178

FL

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, Florida Statutes.

Jose Siqueira

(Signature)

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

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

Control No. 07056283

STATE OF GEORGIA

Secretary of State

Corporations Division
315 West Tower
#2 Martin Luther King, Jr. Dr.
Atlanta, Georgia 30334-1530

CERTIFICATE OF EXISTENCE

I, Karen C Handel, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

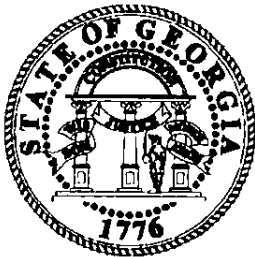
DIAGNOSE NORTH AMERICA, LLC

Domestic Limited Liability Company

was formed or was authorized to transact business on 07/07/2007 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 5th day of May, 2009

Karen C Handel
Secretary of State

Certification Number: 4262303-1 Reference
Verify this certificate online at <http://corp.sos.state.ga.us/corp/soskb/verify.asp>

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