MUMU	400156497144		
(Requestor's Name) (Address)			
(Address) (City/State/Zip/Phone #)			
(Business Entity Name) (Document Number)	06/15/0901051015 -**130.00		
rtified Copies Certificates of Status			
JUN 2 6 2009			
Office Use Only	FILED 09 JUN 25 PH 3: 44 SECALIANT OF STATE TALLAHASSEE FLORIDA		

COVER LETTER

TO: **Registration Section** Division of Corporations

LINCOLN DIAGNOSTICS, LLC SUBJECT:

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:

IGOR SHTEIMAN

Name of Person

LINCOLN DIAGNOSTICS, LLC

Firm/Company

37 JOSEPHINE STREET, STE. A1

Address

STATEN ISLAND, NEW YORK 10314

City/State and Zip Code

LDLLLC@YAHOO.COM

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

For further information concerning this matter, please call:

IGOR SHTEIMAN Name of Person

718 370-7080 at ()

Area Code & Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations Registration Section 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

Certified Copy

\$155.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status & Certified Copy

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FLORIDA DEPARTMENT OF STATE Division of Corporations

June 16, 2009

IGOR SHTEIMAN 37 JOSEPHINE STREET, STE. A1 STATEN ISLAND, NY 10314

SUBJECT: LINCOLN DIAGNOSTICS, LLC Ref. Number: W09000028100

We have received your document for LINCOLN DIAGNOSTICS, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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: 409A00020413

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

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

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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.	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
	(Name of Poreign Limited Liability Company; must include "Limited Liability Company," "L.L.C., or "LLC.")
cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written isent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.")
2	NEW YORK 3. 20-8927080 Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
(company is organized)
4.	<u>O4/25/2007</u> 5. <u>PERPETUAL</u> (Date of Organization) 5. <u>Ouration: Year limited liability company will cease to evist or "perpetual"</u>)
	04/25/2007 5. PERPETUAL (Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")
6.	N/A
	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	37 JOSEPHINE STREET, STE. A1
	STATEN ISLAND, NEW YORK 10314
	STATEN ISLAND, NEW YORK 10314 (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:
	IGOR SHTEIMAN: 37 JOSEPHINE STREET, STE. A1, STATEN ISLAND, NY 10314
the	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in 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:

LINCOLN DIAGNOSTICS, LLC

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

LINCOLN DIAGNOSTICS, L.L.C.

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

LEONID LOYFMAN (Name)

20000 East Country Club Drive, North Tower, Unit 202N Florida Street Address (P.O. Box NOT ACCEPTABLE)

AVENTURA, FL 33180

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 agree istered agent as provided for in Chapter 608, Florida Statutes.

(Signature)

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



State of New York Department of State } ss:

I hereby certify, that LINCOLN DIAGNOSTICS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 04/25/2007, and that the Limited Liability Company is existing so far as shown by the records of the Department.

WITNESS my hand and the official seal of the Department of State at the City of Albany, this 24th day of April two thousand and nine.



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