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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	_ Certificates	of Status
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T. BROWN



COVER LETTER ,•

TO: Registration Section Division of Corporation			***
SUBJECT:	SEDICAL TO	ESTING CONSUL of Limited Liability Company	TAMES, LLC
			Transact Business in Florida," Certificate of illity company to transact business in Florida
Please return all correspond	lence concerning this mat	ter to the following:	
Ke	Hoff M.	HALLER CPA Name of Person	
KE	ENNETH M.	HALLER CPA, Firm/Company	PA
12	1901 SW	132 AVENUE	
M	IAMI PLOI	Address RIDA 33184 City/State and Zip Code	
Ke	nhaller cpe	City/State and Zip Code Com (to be used for future annual report no	itification)
For further information cor	ncerning this matter, pleas	•	
Kenwe	TH M. HALL	ER CA 305	271-8585
	Name of Contact Person	Area Code	Daytime Telephone Number
MAILING ADD Division of Corpo Registration Secti P.O. Box 6327 Tallahassee, FL 3	orations on	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check fo ☐ \$125.00 Filing		g Fee & 🔲 \$155.00 Filing Fee	& □ \$160.00 Filing Fee, Certificate of Status & Certified Copy



FLORIDA DEPARTMENT OF STATE Division of Corporations

July 7, 2014

KENNETH M HALLER, CPA, PA 12901 SW 132 AVENUE MIAMI, FL 33186

SUBJECT: MEDICAL TESTING CONSULTANTS, LLC

Ref. Number: W14000041693

We have received your document for MEDICAL TESTING CONSULTANTS, 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):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.", also are no longer acceptable.

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) 245-6051.

Teresa Brown Regulatory Specialist II

Letter Number: 414A00014563

MEDICAL TESTING CONSULTANTS, INC A Florida company & MEDICAL TESTING CONSULTANTS, LLC A Nevada company

Monday, July 21, 2014

RE: Medical Testing Consultants, Inc FL Document Number: P14000006579

To Whom It May Concern:

We are requesting to foreign file our Nevada LLC with the same name (Medical Testing Consultants, LLC) in the state of Florida. Both the Nevada Company and the Florida Company are owned and operated by the same persons, as well as having the same Manager/Officers & Directors.

We formally request to be allowed to foreign file our Nevada Company in Florida using the same name as our Florida Company.

Thank you for your consideration,

Ronald Goldrich, VP & Director/Manager

Medical Testing Consultants, Inc

Medical Testing Consultants, LLC

Phone (954) 415-1508

1955BAH@gmail.com

Kenneth M. Haller, CPA

Registered agent of

Medical Testing Consultants, Inc

Medical Testing Consultants, LLC

Phone (305) 271-8585 ext. 202

kenhallercpa@aol.com

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1. MEDICAL TESTING CONSULTANTS, 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. The alternate name must include "Limited Liability Company," "L.L.C." or "LLC.")
2. NEVADA 3 47-1211105
2. U EVADA (Jurisdiction under the law of which foreign limited liability company is organized) 3. 47-1211105 (FEI number, if applicable)
• • •
4(Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability)
5. 12901 SW 132 AVE
Miam: FloRida 33186 (Street Address of Principal Office)
6. SAME AT ABOVE
ORITO PATE
(Mailing Address)
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are: STANLEY ROSENBERG, MANAGER 13 6 0 0 5 W 69 AVE RON GOLDRICH, MANAGER Migm: FLORICH 33156
RON GOLDRICH, MANAGER
1841 Eagle TRACE BILD West coral springs Florida 33071
8. 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)
Ran Coldiel
Signature of an authorized person
(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for m s 817.155, F.S.)
RON GOLDRICH
Typed or printed name of signee

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

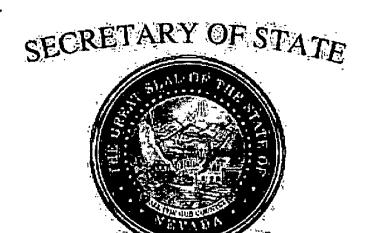
PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

ME	DICAL TESTING	Consi	LLIANTS, LLC
f unavailable, th	e alternate to be used in the st	ate of Florida	ı is:
			
2. The name and	I the Florida street address of t	he registered	agent and office are:
	KENNETH M	HALL	ER CPA
		(Name)	
	12901 SW	132	AUC
	Florida Street Addres	s (P.O. Box NC	OT ACCEPTABLE)
	Mian:	FL	33 186
		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, 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)



CERTIFICATE OF EXISTENCE WITH STATUS IN GOOD STANDING

I, ROSS MILLER, 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 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, **MEDICAL TESTING CONSULTANTS**, **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 June 17, 2014, and is in good standing in this state.

AL OF THE OF

hand and affixed the Great Seal of State, at my office on July 1, 2014.

IN WITNESS WHEREOF, I have hereunto set my

ROSS MILLER Secretary of State

Electronic Certificate
Certificate Number: C20140701-0621
You may verify this electronic certificate
online at http://www.nvsos.gov/