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TALLAHASSEE, FLORIDA

J. Shivers OCT 27 2014

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 7, 2014

JEFFREY NICKLOY
5540 PEBBLE VILLAGE LANE SUITE 300
NOBLESVILLE, IN 46062

SUBJECT: DIASYS DIAGNOSTIC SYSTEMS, USA LLC
Ref. Number: W14000060911

We have received your document for DIASYS DIAGNOSTIC SYSTEMS, USA 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):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 014A00021368



NICKLOY & HIGDON
ATTORNEYS AT LAW

September 25, 2014

Jeffrey S. Nickloy, Attorney
jeff@nickloyhigdon.com

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

RE: Diasys Diagnostic Systems, USA LLC

Dear Registration Section Representative:

Enclosed please find the following documents for the process of registering Diasys Diagnostic Systems, USA LLC as a foreign limited liability company in the State of Florida:

1. Cover Letter
2. Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida
3. State of Indiana Office of the Secretary of State Certificate of Existence
4. Certificate of Designation of Registered Agent/Registered Office
5. Check in the amount of \$125.00 made payable to the Florida Department of State

If you have any questions or concerns or need anything further in this regard, please contact me or my assistant, Erica Swart.

Very truly yours,

Jeffrey S. Nickloy

JSN/ejs
Enclosure(s)



COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: DIASYS DIAGNOSTIC SYSTEMS, USA 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:

Jeffrey S. Nickloy

Name of Person

Nickloy & Higdon

Firm/Company

5540 Pebble Village Lane, Suite 300

Address

Noblesville, Indiana 46062

City/State and Zip Code

erica@nickloyhigdon.com

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

For further information concerning this matter, please call:

Erica Swart

Name of Contact Person

at (**317**) **773-3030**

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

☐ \$155.00 Filing Fee &
Certified Copy

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

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

*IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:*

1. **DIASYS DIAGNOSTIC SYSTEMS, USA 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. **INDIANA**

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

3. _____

(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. **5540 Pebble Village Lane, Suite 300**

Noblesville, Indiana 46062

(Street Address of Principal Office)

6. **5540 Pebble Village Lane, Suite 300**

Noblesville, Indiana 46062

(Mailing Address)

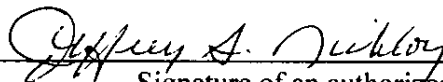
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are

Douglas A. Danne, Manager

47091 Manhattan Cir.

Novi, Michigan 48374-1832

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)



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 in s.817.155, F.S.)

Jeffrey S. Nickloy

Typed or printed name of signee

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TALLAHASSEE, FLORIDA

**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.

1. The name of the Limited Liability Company is:

DIASYS DIAGNOSTIC SYSTEMS, USA LLC

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

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

InCorp Services, Inc.

(Name)

17888 67th Court North

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

Loxahatchee

FL

33470


City/State/Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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.

 **Heather Neer for InCorp Services, Inc.**
(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 INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

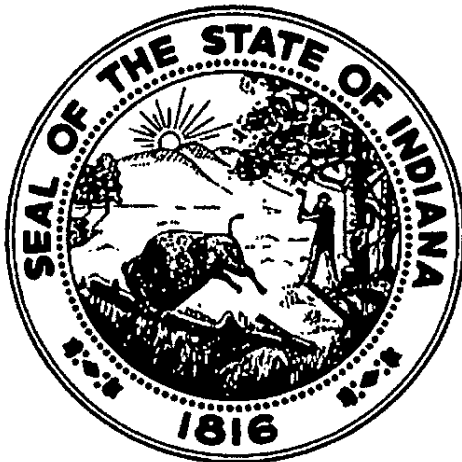
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

DIASYS DIAGNOSTIC SYSTEMS, USA LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on April 02, 2013, and was in existence or authorized to transact business in the State of Indiana on September 17, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana at the city of Indianapolis, this Seventeenth Day of September, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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