M16000009462

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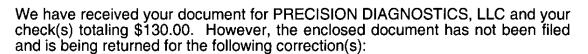
FLORIDA DEPARTMENT OF STATE Division of Corporations

November 3, 2016

THERESIA SCHOLL 1070 E. 86TH ST. SUITE 72F INDIANAPOLIS, IN 46240

SUBJECT: PRECISION DIAGNOSTICS, LLC

Ref. Number: W16000074593



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.

Tanisha L Washington Regulatory Specialist II

Letter Number: 016A00023671

COVER LETTER

Registration Section

TO:

Division of Corporations	
SUBJECT: Precision Diagnostics, L	LC
Name of Li	mited Liability Company
	ny for Authorization to Transact Business in Florida," Certificate of ced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this matter to the fo	ollowing:
Theresia Sch	011
Nar	ne of Person
Miratich	abs
Fin	n/Company
1070 8.364	NSt. Suite 72F
,	Address
Indels, IN	46240
tschollemi E-mail address: (to be used	ratechmedical.Com for future annual report notification)
For further information concerning this matter, please call:	
Thuresia Scholl Name of Contact Person	at (812) 50 2 0993 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: \$\Begin{align*} \text{\$\sum_{\text{\$\subset}}} \text{\$\subset{\text{\$\subset\$}}} \text{\$\subset{\text{\$\subset\$}}} \text{\$\text{\$\subset\$}} \text{\$\subset\$} \text{\$\text{\$\subset\$}} \$\text{\$\su	☐ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

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

	TION 605.0902, FLORIDA STATUTES ISINESS IN THE STATE OF FLORIDA		UBMITTED TO REGISTER	A FOREIGN L	IMITED LI	ABILITI 1
Précision	Dicanatics 110	-				
(Name of Fore	ign Limited Liability Company; mu	ist include "Limited Liab	ility Company," "L.L.C"	or "LLC.")		
Miratec	hlabs, LC					
(If name unavailable, enter alt Liability Company," "L.L.C,"	ternate name adopted for the purpos or "LLC.")	se of transacting business	in Florida. The alternate n	ame must inclu	ide "Limito	ed
2. Indiana		3 46-6	(FEI number, if applicab			
(Jurisdiction under the law company is organized)	of which foreign limited liability		(FEI number, if applicab	le)		
4. <u>Jan</u>	mary 1, 2017					
	(See sections 605.0904 & 605	ess in Florida, if prior to 5.0905, F.S. to determine	registration.) penalty liability)			
5. 1070 E.S	86th St. Suite 72	2F			5	::
Indols 11	N 46240				Ē	
1	(Street Address of	Principal Office)			<u>ي</u> -	
	36th St. Suite 7	2F		_ [m] = 3	PILED	
Indols. 1	N 46240			- 35 P	•	
	(Mailing	Address)		一岛河 2	1	
7. Name and street address	s of Florida registered agent: (P	O. Box NOT accepta	ible)	·		
Name:	Jeff Spiker		_			
Office Address:	7405 Quail1	Moddon Rd				
31110 / Iddi. 6160	Plant City		, Florida <u>335\65</u>			
	(City)		(Zip code)			
Registered agent's accept	tance: gistered agent and to accept ser	wice of process for the	ahova statad limitad lic	ihilito comna	ny at the i	nlaca
designated in this applicat	tion, I hereby accept the appoin	itment as registered ag	ent and agree to act in	this capacity.	I further	r agree
to complywith the provision accept the obligations of n	ons of all statutes relative to the notice of all statutes relative to the	proper and complete	performance of my dut	ies, and I am	familiar 1	with ar
. 0	The state of the s	\bar{C}				
	Regist	tered agent's signature)				
8. The name, title or capa	city and address of the person(s)) who has/have authori	ty to manage is/are:			
	wieser, UP of Qu					
1070 F. 310	th St Indols In	3 46240	<u> </u>			
Swite JaF	oth St. Indpls, In	- 14210				
	of existence, no more than 90 do of which it is organized. (If the committed)					
	Theresia?	Scholl				
	Signaturo	e of an authorized person	, , , , , , , , , , , , , , , , , , ,			
	in accordance with section 605.				mation	

Theresia Scholl
Typed or printed name of signee

State of Indiana Office of the Secretary of State

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

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 the proper official to execute this certificate.

I further certify that records of this office disclose that

PRECISION DIAGNOSTICS, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on April 07, 2014, and was in existence or authorized to transact business in the State of Indiana on September 07, 2016.

I further certifiy this Domestic Limited Liability Company 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 caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, September 07, 2016

Corrie Hamon

CONNIE LAWSON
SECRETARY OF STATE

2014040800370 / 201699598

Verify this certificate:https://bsd.sos.in.gov/ValidateCertificate