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DIVISION OF REGISTRATION

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Pure Diagnostic, 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:

William C Gray

Name of Person

Pure Diagnostic, LLC

Firm/Company

6120 Shallowford Rd Suite 107

Address

Chattanooga TN 37421-7215

City/State and Zip Code

info@purediagnostic.com

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

For further information concerning this matter, please call:

April Venero

Name of Contact Person

at

770

Area Code

234-9992

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

↑
already
paid

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TALLAHASSEE, FLORIDA
2017 OCT -2 PM 12:51
TALLAHASSEE, FLORIDA
So

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. Pure Diagnostic 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. Pure Diagnostic, LLC

TN

3. 81-1008582

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

(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. _____

(Street Address of Principal Office)

6. 6120 Shallowford Rd Suite 107

Chattanooga TN 37421-7215

(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name:

Othman Albdour

Office Address:

2712 Hazelhurst Ave

Orlando, FL

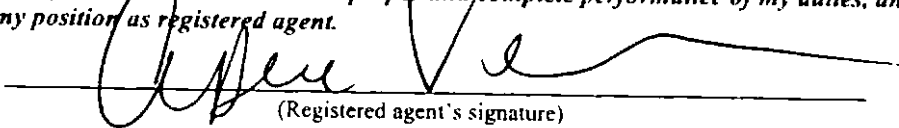
Florida 32804

(City)

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and
accept the obligations of my position as registered agent.



(Registered agent's signature)

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

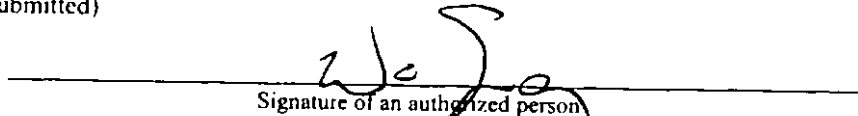
William C Gray

Director/CEO

6120 Shallowford Rd Ste 107

Chattanooga, TN 37421

9. Attached is a 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. (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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

William C Gray

Typed or printed name of signer

FILED
OCT 10 PM 2:30
DIVISION OF CORPORATIONS



Tre Hargett
Secretary of State

Division of Business Services

Department of State

State of Tennessee

312 Rosa L. Parks AVE, 6th FL
Nashville, TN 37243-1102

APRIL VENERO

APRIL VENERO

SUITE 107

6120 SHALLOWFORD RD

CHATTANOOGA, TN 37421

September 26, 2017

Request Type: Certificate of Existence/Authorization

Request #: 0252037

Issuance Date: 09/26/2017

Copies Requested: 1

Document Receipt

Receipt #: 003592474

Filing Fee: \$20.00

Payment-Credit Card - State Payment Center - CC #: 3711773825

\$20.00

Regarding: Pure Diagnostic LLC

Filing Type: Limited Liability Company - Domestic

Control #: 829019

Formation/Qualification Date: 01/12/2016

Date Formed: 01/12/2016

Status: Active

Formation Locale: TENNESSEE

Duration Term: Perpetual

Inactive Date:

Business County: HAMILTON COUNTY

CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

Pure Diagnostic LLC

- * is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- * has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- * has filed the most recent annual report required with this office;
- * has appointed a registered agent and registered office in this State;
- * has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett
Secretary of State

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