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COVER LETTER

	Registration Section Division of Corporation	s				
SUBJEC		mostics LLC-Technical Serv	rices			
SODJE	-1	Name of L	imited Liability C	Coinpany		
The encl Existence	osed "Application by Fore	eign Limited Liability Comp. I to register the above refere	any for Authoriza nced foreign limit	tion to Tra ed liability	nsact Business in Florida," company to transact busine	Certificate of ess in Florida.
Please re	turn all correspondence co	oncerning this matter to the f	following:			
	Cassandra Scott					
		Na	me of Person			
	Hunziker & Hed	k LLC				
Firm/Company						
	3332 W. Willow	/ Knolls Dr., Suite A				
Address						
	Peoria, Illinois 6	51614				
		City/St	ate and Zip Code			
	info@hunzikerlav	v.com				
		E-mail address: (to be used	for future annual	report not	fication)	
For furth	er information concerning	g this matter, please call:				
	Cassandra Scott		309 _ at (676.777	7	
	Name o	f Contact Person	Area Code	Day	time Telephone Number	
	MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Taliahassec, FL 32314			Division of Registrati Clifton Be 2661 Exe	ADDRESS: of Corporations on Section uilding cutive Center Circle ee, FL 32301	
Enclosed	I is a check for the followi 国 \$125.00 Filing Fee	ing amount: □ \$130.00 Filing Fee & Certificate of Status	S155.00 Filin Certified Copy	g Fee &	☐ \$160.00 Filing Fee, Cet of Status & Certified Copy	

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:

	Limited Liability Company; must include "Limit		
une unavailable, enter alternate m	ame adopted for the purpose of transacting business in Fi		Liability Company," "L L.C." or "LLC.")
Illinois		3. 47-248530	
Durisdaction under the law of wh	och foreign hmated liability cumpany is organized)	(FEI m	innber, if applicable)
	Constitution of the state of substitution o	n tempiration.)	
	(Date first transacted business in Flurida, if prior to (See sections 605,0904 & 605,0905, F.S. to determ		
1604 Visa Drive	_	6. 1604 Visa Drive	
(Street Address of P	timipal Office]	Normal, Illinois 61761	Address)
Normal, Illinois 61761		Totthal, filliois 61701	
Name and street addres	is of Florida registered agent: (P.O. Bo	x NOT acceptable)	
Name:	Corporation Service Company		
Office Address:	1201 Hays Street		
	Tallahassee	, Florida <u>62301-2</u>	2525
	(City)	(Zip	code)
rving been named as re signated in this applica comply with the provis	egistered agent and to accept service of action, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Dama Stelle (Registered agent)	as registered agent and agree to be and complete performance of a Dana Stee Assistant Vice F	act in this capacity. I further agree by duties, and I am familiar with BIC
aving been named as re signated in this applica comply with the provis- ad accept the obligation . The name, title or cap	tion, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Dama Stelle (Registered agent) acity and address of the person(s) who	as registered agent and agree to be and complete performance of a Dana Stee Assistant Vice For a signature) has/have authority to manage is/an	ny duties, and I am familiar with Bie President
aving been named as resignated in this applicated in this applicated in this application and accept the obligation. The name, title or cap Title or Capacity:	acity and address of the person(s) who have and Address:	as registered agent and agree to be and complete performance of the Assistant Vice Fasignature)	act in this capacity. I further agree my duties, and I am familiar with BIE President c:
aving been named as resignated in this applica comply with the provised accept the obligation. The name, title or cap	ation, I hereby accept the appointment ions of all statutes relative to the propers of my position as registered agent. Common Steel	as registered agent and agree to be and complete performance of a Dana Stee Assistant Vice For a signature) has/have authority to manage is/an Title or Capacity:	ny duties, and I am familiar with President e:e
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To all to whom these Presents Shall Come, Greeting:

I, Jesse White, Secretary of State of the State of Illinois, do hereby certify that I am the keeper of the records of the Department of Business Services. I certify that

DEFINITIVE NEURODIAGNOSTICS, LLC. HAVING ORGANIZED IN THE STATE OF ILLINOIS ON SEPTEMBER 23, 2002, AND HAVING ESTABLISHED A SERIES WITH THE DESIGNATED NAME OF DEFINITIVE NEURODIAGNOSTICS, LLC-TECHNICAL SERVICES ON NOVEMBER 07, 2014, APPEARS TO HAVE COMPLIED WITH ALL PROVISIONS OF THE LIMITED LIABILITY COMPANY ACT OF THIS STATE, AND AS OF THIS DATE IS IN GOOD STANDING AS A DOMESTIC LIMITED LIABILITY COMPANY IN THE STATE OF ILLINOIS.



In Testimony Whereof, I hereto set

my hand and cause to be affixed the Great Seal of the State of Illinois, this 9TH day of OCTOBER A.D. 2018.

Authentication #: 1828202648 verifiable until 10/09/2019
Authenticate at: http://www.cyberdriveillinois.com

Desse White

SECRETARY OF STATE