

M23000008797

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

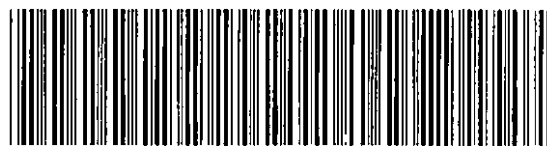
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer.

Office Use Only



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07/07/23--01016--016 **160.00

APPROVED
AND
FILED

2023 JUL - 7 AM 11:46

SECRETARY OF STATE
TALLAHASSEE, FL 32399

JUL 10 2023
K. Brumby


Amerilab Diagnostic Center, LLC
2001 NW 64th Street Suite 300
Fort Lauderdale, FL 33309

To Whom It May Concern:

The purpose of this letter is to inform you that included in this package are the correct LLC filing forms for a foreign LLC. Unfortunately, the first time we filed the report we used the incorrect forms. Our status on Sunbiz is currently "Rejected Filing". According to the Agent at the Department, we are supposed to send the new forms with the old forms; however, the challenge is that we have not received the original forms back. It has been a month we have been waiting. I urge you to please accept the correct filing, the Delaware good standing certificate and the check for \$160 to correct our filing.

If you have any questions, please do not hesitate to contact me directly at 305-924-4406.

Regards,



Ricardo Diaz
President

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: AMERILAB DIAGNOSTIC CENTER 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:

RICARDO DIAZ

Name of Person

AMERILAB DIAGNOSTIC CENTER LLC

Firm/Company

2001 NW 64TH ST STE 300

Address

FORT LAUDERDALE, FL33309

City/State and Zip Code

RICARDO.DIAZ@LIVE.COM

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

For further information concerning this matter, please call:

RICARDO DIAZ

305

924-4406

at ()

Name of Contact Person

Area Code

Daytime Telephone Number

Mailing Address:

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

Street Address:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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 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. AMERILAB DIAGNOSTIC CENTER 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. DELAWARE

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

3. 92-2818817

(FEE number, if applicable)

4. N/A, HAVE NOT STARTED BUSINESS UNTIL PROPERLY REGISTERED - WILL BE 7/15/23

(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2001 NW 64TH ST. STE 300

(Street Address of Principal Office)

6. 2001 NW 64TH ST. STE 300

(Mailing Address)

Fort Lauderdale, FL 33309

Fort Lauderdale, FL 33309

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

Name: RICARDO DIAZ

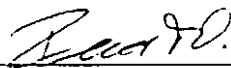
Office Address: 2001 NW 64TH ST. STE 300

FORT LAUDERDALE, Florida 33309
(City) (Zip code)

APPROVED
AND
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)

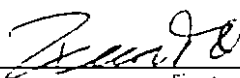
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: RICARDO DIAZ	<input type="checkbox"/> Manager	Name: _____
<input checked="" type="checkbox"/> Member	Address: 2001 NW 64TH ST. STE 300	<input type="checkbox"/> Member	Address: _____
<input checked="" type="checkbox"/> Authorized	FORT LAUDERDALE, FL 33309	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	Name: _____	 <input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

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)

10. 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.



Signature of an authorized person

RICARDO DIAZ

Typed or printed name of signee



[Department of State](#) / [Division of Corporations](#) / [Search Records](#) / [Search by Entity Name](#) /

Detail by Entity Name

Rejected Filing

AMERILAB DIAGNOSTIC CENTER, LLC

Filing Information

Document Number W23000058989

Filed Date 04/24/2023

Expire at Usual Time Y

Penalty Fee 00.00

Associated Document

Number	Document Type
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Filed By	RICARDO DIAZ
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2001 NW 64TH ST STE 300

FORT LAUDRDALE, FL 33309

Document Images

No images are available for this filing.