

PO4000021904

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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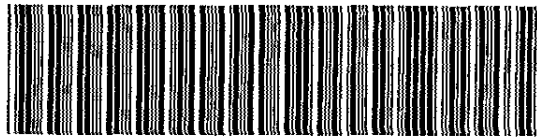
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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01/16/04--01048--004 **78.75

FILED

04 FEB -3 PM 2:20

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Network
Diagnostic Network Center Corp.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☐ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: Isis R Miranda
Name (Printed or typed)

10773 NW 58th, #273
Address

Miami FL 33178
City, State & Zip

305-310-0266
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

January 26, 2004

IRIS R. MIRANDA
10773 NW 58TH STREET #273
MIAMI, FL 33178

SUBJECT: DIAGNOSTIC NETWORK CENTER CORP.
Ref. Number: W04000003271

We have received your document for DIAGNOSTIC NETWORK CENTER CORP. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity must be identical throughout the document.

The document must contain written acceptance by the registered agent, (i.e. "I hereby am familiar with and accept the duties and responsibilities as Registered Agent.")

Please return the 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) 245-6067.

Neysa Culligan
Document Specialist
New Filings Section

Letter Number: 304A00004560

RECEIVED
04 FEB - 3 PM 1:59
FLORIDA DEPARTMENT OF
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

ARTICLE OF ORGANIZATION

FILED

OF

04 FEB -3 PM 2: 20

DIAGNOSTIX NETWORK CENTER CORP. SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned hereby subscribes to these Articles of Organization for a Corporation under the Laws of the State of Florida.

ARTICLE I

The name of this corporation is:

DIAGNOSTIX NETWORK CENTER CORP.

ARTICLE II

The mailing address of the principal office of this corporation shall be 10773 N.W. 58 Street, No. 273, Miami, FL 33178 and such other place or places as the members from time to time may determine.

The name and address of the initial registered agent is:

Iris R. Miranda
10773 N.W. 58 St.
No. 273
Miami, FL 33178

ARTICLE III

The period of duration for the corporation shall be perpetual unless sooner dissolved in accordance with the laws of the State of Florida. The date of existence shall begin upon the filing of these Articles of Organization and upon acceptance by the Secretary of State. This limited liability company may engaged in any activity or business permitted under the laws of the United States and the laws of the State of Florida. Without limiting any of the purposes, powers and objects of this corporation it is expressly declared and provided that this corporation shall have power in carrying on its own business, or for the purpose of accomplishment of any of the purposes or attainment of its objects, to make and perform contracts of any kind and description and to do any and all other acts, to exercise any and all powers either as principal, agent or broker, conferred by the laws of Florida upon corporations, and which a partnership or natural person could do and exercise, and which now or hereafter may be authorized by the law.

ARTICLE IV

The number of shares of stock that is corporation has is 100.

Iris R. Miranda 100 shares

ARTICLE V

The name and address of the initial member of this corporation are:

President	Iris R. Miranda
Secretary	Iris R. Miranda
Treasurer	Iris R. Miranda

10773 N.W. 58 St.
No. 273
Miami, FL 33178

ARTICLE VI

The name and address of the registered agent and office is:

Iris R. Miranda
10773 N.W. 58 St.
No. 273
Miami, FL 33178

Iris R. Miranda
Name of Registered Agent

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.


Signature of Registered Agent

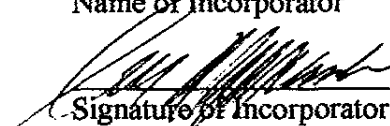
11/15/04
Date

ARTICLE VII

The name and address of the Incorporator is:

Iris R. Miranda
10773 N.W. 58 St.
No. 273
Miami, FL 33178

Iris R. Miranda
Name of Incorporator


Signature of Incorporator

11/15/04
Date

FILED
04 FEB -3 PM 2:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA