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(Re	equestor's Name)			
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COVER LETTER

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

<u>...</u>

SUBJECT: DIES	EL DIAGNOSTIC INC					
SUBJECT:	(PROPOSED CORPOR/	ATE NAME - MUST INCL	UDE SUFFIX)			
Enclosed are an or	riginal and one (1) copy of the art	ticles of incorporation and	d a check for:			
■ \$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy	☐ \$87.50 Filing Fee, Certified Copy & Certificate of Status			
	ADDITIONAL COPY REQ					
FROM:	MARIA E RUIZ					
_	Nam	e (Printed or typed)				
7	750 SW 117TH AVE SUITE 201D					
_	Address					
N	IIAMI FLORIDA 33183					
	City	, State & Zip				
3	05 595-2407					
_	Daytime Telephone number					
N	MARIAQUIROS9@HOTMAIL.COM					
_	F-mail address: (to be use	ed for future annual report	notification)			

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

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

<u>ICLE II PRINC</u>	Principal <u>street</u> address	Mailing address, if different is:	
201 NW 68TH AVE AMARAC, FLORIDA 33321		7750 SW 117TH AVE SUITE 2010 MIAMI FLORIDA 33183	
		<u> </u>	
	·-		
TICLE IV SHARI			
number of shares of FICLE V INITE Name and Title	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE	Name and Title:	
number of shares of	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE		
number of shares of TCLE V INITE Name and Title Address	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE TAMARAC, FLORIDA 33321	Name and Title:	
number of shares of TICLE V INITE Name and Title Address	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE TAMARAC, FLORIDA 33321	Name and Title: Address: Name and Title: Address:	
number of shares of TICLE V INITLE Name and Title Address Name and Title Address	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE TAMARAC, FLORIDA 33321	Name and Title: Address: Name and Title: Address:	
number of shares of TICLE V INITLE Name and Title Address Name and Title Address	MISLEIDYS LEMUS, PRES 8201 NW 68TH AVE TAMARAC, FLORIDA 33321	Name and Title: Address: Name and Title: Address: Name and Title:	

Name a	and Title:	Name and Title:	
Addre	ess	Address:	
			
			
	DEGLOTED DE L'OTATION		
	<u>REGISTERED AGENT</u> Florida street address (P.O. Box NOT acceptal	ble) of the registered agent is:	
Name:	MISLEIDYS LEMUS		
Address:	8201 NW 68TH AVE		
	TAMARAC, FLORIDA 33321		
ADTICLE VII	INCORDAD (TOD		
<u>AKTICLE VII</u>	<u>INCORPORATOR</u>		
The name and	address of the Incorporator is:		
Name:	MISLEIDYS LEMUS		
Address:	8201 NW 68TH AVE		
	TAMARAC, FLORIDA 33321		
Effective date,	I EFFECTIVE DATE: if other than the date of filing: date is listed, the date must be specific and of	(OPTIO	NAL) ays prior or 90 days after the
	ate inserted in this block does not meet the appli seffective date on the Department of State's rec		ments, this date will not be listed as
	amed as registered agent to accept service of parties of the parties of the appointment are familiar with and accept the appointment		
8 halu	ul		10/29/2019
<u> </u>	Required Signature/Registered Agen	ıt	Date
	ocument and affirm that the facts stated herei e Department of State constitutes a third degree		
on more	ul		10/29/2019
Rea	juired Signature/Incorporator		Date

October 23, 2019

Department of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

Re: DIESEL DIAGNOSTIC INC

To whom it may concern:

By means of this letter I am advising that I have no intentions of re-instating the above mentioned dissolved corporation.

Should you have any questions or concerns please do not hesitate to contact me.

Sincerely,

Misleidys Lemus

JOSE L. RUIZ
Notary Public - State of Florida
Commission # FF 938168

My Comm. Expires Nov 22, 2019 Bonded through National Notary Assn.