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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : FL PATEL LAW PLLC
Account Number : I20170000097
Phone : (727)279-5037
Fax Number : (727)888-1294

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

nimal.patel.gi@gmail.com
Email Address: _____

FLORIDA LIMITED LIABILITY CO.
Diagnostic Pathology Solutions LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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REGISTRATION
COMMERCIAL
SERVICES



COVER LETTER

Tuesday, May 24, 2022

To: New Filing Section
Division of Corporation

Subject:
DIAGNOSTIC PATHOLOGY SOLUTIONS LLC
Name of Limited Liability Company

The enclosed Articles of Organization and Fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following:

FL Patel Law PLLC
360 Central Avenue
8th Floor
St. Petersburg, Florida 33701
Fax: 727-888-1294

For further information concerning this matter, please call or e-mail:
Jamie Primeau [727-279-5037](tel:727-279-5037) or e-mail at Support@flpatellaw.com

Enclosed is our fax filing coversheet for \$130.00 for Filing Fee & Certificate of Status

FL Patel Law PLLC

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION
FOR
DIAGNOSTIC PATHOLOGY SOLUTIONS LLC
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I.

Name

The name of the Limited Liability Company is: Diagnostic Pathology Solutions LLC (the "Company").

ARTICLE II.

Address

The principal office and mailing address of the Company is:

360 Central Avenue
Suite 854
St Petersburg, Fl 33701

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ARTICLE III.

Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida Street Address of the Registered Agent are:

FLP RA Services LLC
360 Central Avenue
Suite 800
Saint Petersburg, FL 33701

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 certificate, 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 as provided for in Chapter 605, F.S.

Ada Reyes

_____ (sign)
FLP RA Services LLC

ARTICLE IV.
Authorized Members and Managers

The Name and Address of each person authorized to manage and control the Limited Liability Company:

<u>Title</u>	<u>Name and Address</u>
AMBR = Authorized Member MGR = Manager	
<u>MGR</u>	Nimal Patel 360 Central Avenue Suite 854 St Petersburg, FL 33701

ARTICLE V.

The Effective date shall be the date of filing.

Nimal Patel (sign)

Signature of a member or an authorized representative of a member.
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.

Nimal Patel
Authorized Representative/Member

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