11200055168

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

G. MCLEOD

JUN 7 - 2012

EXAMINER



000235869440

06/05/12--01019--005 **125.00

12 JUN -5 AM II: 46

COVER LETTER

то:		ion Section of Corporations				
SUB.	_{ECT:} SF	M Radiation II, LLC	>			
Name of Limited Liability Company						
		les of Organization and fee(s) are	·			
Please	return all co	rrespondence concerning this ma	atter to the following:			
	Monica	a Wallace				
			Name of Person			
	McDer	mott Will & Emery				
	Firm/Company					
227 W. Monroe, Suite 4400						
Address						
Chicago, IL 60606						
City/State and Zip Code						
mwallace@mwe.com						
E-mail address: (to be used for future annual report notification)						
For further information concerning this matter, please call:						
Mon	ica Walla	ce	at (312) 984-7757			
	N	ame of Person	at (312) 984-7757 Area Code & Daytime Telephone Nur	nber		
Enclo	sed is a chec	k for the following amount:				
\$125.00) Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certific	O Filing Fee, cate of Status & ed Copy nal copy is enclosed)		
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION OF SFM RADIATION II, LLC

The undersigned, being authorized to execute and file these Articles of Organization of SFM Radiation II, LLC (the "Limited Liability Company"), hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is:

SFM Radiation II, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

3343 State Road 7 Wellington, Florida 33449

ARTICLE III — Duration:

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent:

The name and address of the registered agent for service of process in the state shall be:

Ravi Patel 3343 State Road 7 Wellington, Florida 33449

ARTICLE V — Management:

The Limited Liability Company will be a member-managed company and the managing member is South Florida Medicine, LLC.

ARTICLE VI — Effective Date:

These Articles of Organization shall be effective upon filing.

12 .IIIN -5 AMIL:

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 1 day of June, 2012.

SFM Radiation II, LLC, a Florida limited

liability company

By:

Name: Ravi Kate

Title: Managing Director of South Florida Medicine, LLC, Managing Member of the

Limited Liability Company

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

SFM Radiation II, LLC

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 608, Florida Statutes.

Name: Ran Pate

Dated: June ____, 2012