

L04000028544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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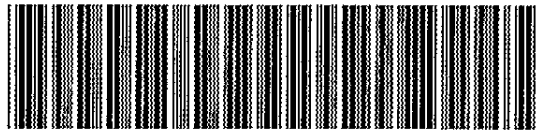
(Business Entity Name)

(Document Number)

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2004 APR 13 PM 1:29  
CORPORATION DEPARTMENT  
TALLAHASSEE, FLORIDA

W04-12767  
J. BRYAN APR 1 2004

**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Best Tech's Imaging, 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:

Aaron M. Kreuer  
(Name of Person)

BTI, LLC  
(Firm/Company)

4911 NE 7th St  
(Address)

Ocala, FL 34470  
(City/State and Zip Code)

For further information concerning this matter, please call:

Aaron Kreuer at ( 352 ) 572-0915  
(Name of Person) (Area Code & Daytime Telephone Number)

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

April 1, 2004

AARON KREUER  
BEST TECH'S IMAGING, LLC  
4911 NE 7TH ST.  
OCALA, FL 34470

SUBJECT: BEST TECH'S IMAGING, LLC  
Ref. Number: W04000012767

FILED  
2004 APR 13 PM 1:29  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

We have received your document for BEST TECH'S IMAGING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the entity.

The document must contain a registered agent with a Florida street address and a signed statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

We are enclosing the proper form(s) with instructions for your convenience.

Please return 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) 245-6043.

Joey Bryan  
Document Specialist

Letter Number: 004A00021349

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

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2004 APR 13 PM 1:29  
UNION CORPORATION'S  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Best Tech's Imaging, LLC.

**ARTICLE II - Address:**

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

**Principal Office Address:**

4911 NE 7th St

Ocala, Fl. 34470

**Mailing Address:**

4911 NE 7th St

Ocala, Fl. 34470

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Aaron M. Kreuer

Name

4911 NE 7th St

Florida street address (P.O. Box **NOT** acceptable)

Ocala, FLORIDA 34470

City, State, and Zip

*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 608, Florida Statutes..*

Aaron M. Kreuer

Registered Agent's Signature

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JY-JOH INCORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Aaron M. Krever  
4911 NE 7th St  
Ocala, Fl. 34470

MGRM

Carrie-Anne Krever  
4911 NE 7th St  
Ocala, Fl. 34470

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

Aaron M. Krever  
Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Aaron M. Krever  
Typed or printed name of signee

**Filing Fees:**

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)