

L100000046198

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

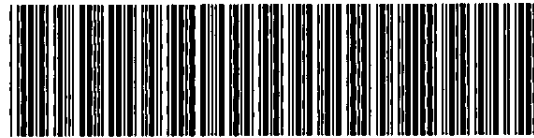
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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04/30/10--01001--004 \*\*125.00

DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

RECEIVED  
10 APR 29 PM 4:27

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 APR 29 AM 10:08

B. KOHR

APR 30 2010

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

FILED STATE  
SECRETARY OF CORPORATIONS  
10 APR 29 AM 10:08

CONTACT: Kim Weidenbach

DATE: 04/29/10

REF. #: 000428.123945

CORP. NAME: SFM RADIATION, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# \_\_\_\_\_ FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
SFM RADIATION, LLC**

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

**ARTICLE I — Name:**

The name of the Limited Liability Company is:

**SFM Radiation, LLC**

**ARTICLE II — Address:**

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

2301 West Woolbright Road  
Boynton Beach, Florida 33426

**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  
2301 West Woolbright Road  
Boynton Beach, Florida 33426

**ARTICLE V — Management:**

The Limited Liability Company will be a member-managed company.

**ARTICLE VI — Effective Date:**

These Articles of Organization shall be effective upon filing.

\* \* \* \* \*

FILED  
SECRETARY OF CORPORATIONS  
DIVISION OF CORPORATIONS  
10 APR 29 AM 10:08

IN WITNESS WHEREOF, the undersigned, as an Authorized Representative, has executed the foregoing Articles of Organization as of this 28th day of April, 2010.

**SFM Radiation, LLC**, a *Florida limited liability company*

By: 

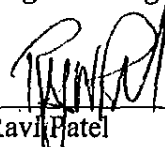
Name: Ravi Patel

Title: Managing Director

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT**

**SFM RADIATION, 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: Ravi Patel

Dated: April 28, 2010