

L O O O O O O O O 642

Vincent Brown
R. David Massey*
F Douglas P Evans
Stanley E. McLeod†
Knox L. Haynsworth, III
Christopher B. Roberts
Arnold L. Ashley
*Professional Association
†Certified Specialist Taxation

BROWN, MASSEY, EVANS, MCLEOD & HAYNSWORTH

ATTORNEYS AT LAW, P.A.

POST OFFICE BOX 2464

GREENVILLE, SOUTH CAROLINA 29602

106 WILLIAMS STREET
TELEPHONE (864) 271-7424
FAX 864-242-6469

January 4, 2000

Division of Corporations
P. O. Box 6327
Tallahassee, Florida 32314

Re: FORT WALTON IMAGING, LLC

000003093800--5
-01/10/00--01128--007
***250.00 ***155.00

Dear Sir/Madam:

w-933

Enclosed please find the Articles of Organization for FORT WALTON IMAGING, LLC., in duplicate, the Certificate of Designation of Registered Agent/Registered Office, in duplicate and checks representing the appropriate filing fees.

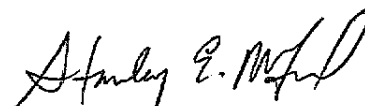
Please return a filed copy of the Articles and Certificate to the undersigned.

In the event you have any questions or comments regarding these enclosures, please advise the undersigned.

Thank you for your assistance and cooperation.

Very truly yours,

BROWN, MASSEY, EVANS, MCLEOD & HAYNSWORTH, P.A.


Stanley E. McLeod

FILED
00 JAN 19 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

mtu

1/19

SEMc:crw
Enclosures: Forms and Fees



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

January 12, 2000

BROWN, MASSEY, EVANS, MCLEOD ET AL
PO BOX 2464
GREENVILLE, SC 29602

SUBJECT: FORT WALTON IMAGING, LLC
Ref. Number: W00000000933

We have received your document for FORT WALTON IMAGING, LLC and your check(s) totaling \$250.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective October 1, 1999, Chapter 608, Florida Statutes, does not require or permit the filing of an "Affidavit of Membership and Capital Contributions." Therefore, the enclosed document has not been filed and is being returned to you.

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) 487-6097.

Michael Mays
Document Specialist

Letter Number: 400A00001596

00 JAN 19 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

FORT WALTON IMAGING, LLC

ARTICLE II - Address:

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

3295 River Exchange Drive - Suite 275
Norcross, GA 30092

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: 30 years

ARTICLE IV - Management:

(Check the appropriate box and complete the statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

John K. Luke, Manager
3295 River Exchange Drive - Suite 275
Norcross, GA 30092

Gene Venesky, Manager
3295 River Exchange Drive - Suite 275
Norcross, GA 30092

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

By consent of the then current members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

By consent of the then current members.

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____
_____ certifies

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ _____;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ _____
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ _____.

FILED
00 JAN 19 PM 3:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



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

JOHN K. LUKE

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

JOHN K. LUKE

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: FORT WALTON IMAGING, LLC

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

JOHN K. LUKE		

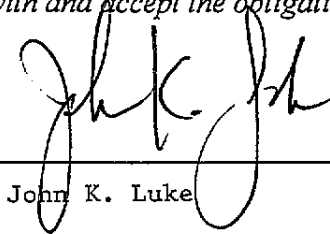
NAME		
4511 N. Davis Highway - Suite 1-B		

Florida street address (P. O. Box <u>NOT</u> ACCEPTABLE)		
Pensacola	FL	32503

CITY, STATE AND ZIP		

FILED
00 JAN 19 PM 9:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.



John K. Luke

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent