

1000000006328

ATTORNEY'S TITLE

Requestor's Name

660 E. Jefferson St.

Address

Tallahassee, FL 32301

City/St/Zip

850-222-2785

Phone #

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1- OVIEDO OPEN MRI, L.L.C.

2-

3-

4-

☒ Walk-in

☐ Pick-up time ASAP

☒ Certified Copy

☐ Mail-out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

NEW FILINGS

<input type="checkbox"/>	Profit
<input type="checkbox"/>	Non-Profit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS

<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS

<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/QUALIFICATION

<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

00 JUN - 1 PM 12: 15

00 JUN - 1 PM 12: 04

FILED

RECEIVED

400003273324--4

-06/01/00--01015--013

\*\*\*\*\*125.00 \*\*\*\*\*125.00

400003273324--4

-06/01/00--01015--014

\*\*\*\*\*30.00 \*\*\*\*\*30.00

Examiner's Initials

3p

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: OUIEEO Open MRI LLC

## ARTICLE II - Address:

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

↳ 2273 LEE ROAD  
Suite 100  
Winter Park, FL.  
32789

Physical Location  
↳ 1000 Executive Drive  
Suite 1  
OUIEEO, FL.  
32765

## ARTICLE III - Registered Agent

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

J. Howard Flagg  
2273 LEE ROAD  
Suite 100  
Winter Park, FL. 32789

## ARTICLE IV - Management:

(Check the appropriate box)

- ☒ The Limited Liability Company is to be a manager-managed company.  
☐ The Limited Liability Company is to be managed by the members.

FILED  
00 JUN - 1 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

J. Howard Flagg

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

(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.)

J. Howard Flagg

Typed or printed name of signee

Filing Fee: ~~\$100.00~~ for Articles

125.00

**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: OUIEDO OPEN MRI LLC

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

J. Howard Flagg

NAME

2273 LEE ROAD Suite 100

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

Winter Park, FL 32789

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

J. H. Flagg

SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent

**FILED**  
00 JUN - 1 PM 12:15  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA