L01000003031

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 056626 7254338

AUTHORIZATION : Patricia Piggott

COST LIMIT : $ 155.00

ORDER DATE : February 27, 2001

ORDER TIME : 3:06 PM

ORDER NO. : 056626-005

CUSTOMER NO: 7254338

CUSTOMER: Mr. Ted Levitt
Diagnostic Imaging
Association, Llc
20533 Biscayne Blvd.
Suite 4-n139
Miami, FL 33180

01 FEB 27 AM 8:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

300003784289--5

DOMESTIC FILING

NAME: INTEGRATED MANAGEMENT SERVICES, LLC

EFFECTIVE DATE:

_____ ARTICLES OF INCORPORATION
_____ CERTIFICATE OF LIMITED PARTNERSHIP
XX____ ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX_____ CERTIFIED COPY
_____ PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Jeanine Reynolds - EXT. 1133

EXAMINER'S INITIALS:

2001 FEB 27 02:40:09

2-28-01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

Integrated Management Services, LLC.

ARTICLE II - Address -The principal place of business and mailing address is:

20533 Biscayne Blvd., Suite #4-N139
Aventura, FL 33180

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

Olivia Richardson
Name

20533 Biscayne Blvd., Suite #4-N139
Florida Street Address

Aventura, FL 33180
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, F.S..

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

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

(In accordance with Section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Olivia Richardson
Typed or printed name of signee

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