

L030000005BZ

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

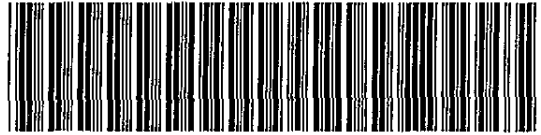
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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03 JAN -6 PM 2:30
DIVISION OF CORPORATION
03 JAN -6 PM 1:19
FEB 1 1966
FEB 1 1966

1-7-02



ACCOUNT NO. : 072100000032

REFERENCE : ~~881077~~ 80457A

AUTHORIZATION : *Patricia Pizeto*

COST LIMIT : \$ 125.00

ORDER DATE : January 6, 2003

ORDER TIME : 1:57 PM

ORDER NO. : 881077-005

CUSTOMER NO: 80457A

CUSTOMER: Cathy Hames, Secretary
Black, Sims, Burnett And
Birch, L.l.p.
501 North Grandview Avenue
3rd Floor
Daytona Beach, FL 32118

DOMESTIC FILING

NAME: UNITED STATES IMAGING
SUPPLIES, LLC

EFFECTIVE DATE:

 ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS:

SECRET
CALIFORNIA SECRETARY OF STATE

03 JAN -6 PM 1:19

APPROVED
FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
UNITED STATES IMAGING SUPPLIES, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
838 McDonald Road, Port Orange, FL 32129

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

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

Jeannette Barsotti

Name

838 McDonald Road

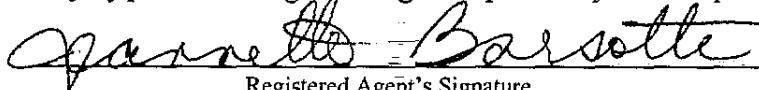
Florida street address (P.O. Box **NOT** acceptable)

Port Orange

FL 32129

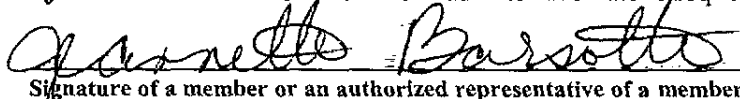
City, State, and Zip

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

(An additional article must be added if an effective date is requested)



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.)

JEANNETTE BARSOTTI

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)

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FILED
ALLAHBACH, FLORIDA