Division of Corporations

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# Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Wumber : (850)205-0383

From:

Account Name : ACE INDUSTRIES, INC.

Account Number: 070744001530 Phone: (305)358-2571

Fax Number : (305)373-7718

LIMITED LIABILITY COMPANY

MRI MANAGEMENT SPECIALTY, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

SIVISION OF CORPORATION

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W3-24173

### H03-225047

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company:

MRI MANAGEMENT SPECIALTY, LLC

ARTICLE II - Mailing Address & Street Address of Limited Liability Company:

Address: 400 SOUTH DIXIE HWY, THE ARBOR, SUITE 121

City, State & Zip: BOCA RATON, FL. 33432

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

### MICHEL SCHIESS Name

400 SOUTH DIXIE HWY. THE ARBOR, SUITE 121 Address (P.O. Box NOT Acceptable)

> BOCA RATON, FL. 33432 City, State, 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 dutles, 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

7/2/03Date

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 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.

> MICHEL SCHIESS Typed or printed name of signee