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Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: ACE INDUSTRIES, INC.

Account Number : 070744001530

: (305)358-2571

Phone

Fax Number

(305)373-7718

LIMITED LIABILITY COMPANY

OPEN MRI OF DELRAY LLC.

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\$155.00

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JIVISION OF BORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name of Limited Liability Company: OPEN MRI OF DELRAY LLC.

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

Address: 15127 JOCA DR., SUITE 101

City, State & Zip: DELRAY BEACH, FL. 33484

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

MICHAEL SCHIESS Name

400 S DIXIE HWY, SUITE 121 Address (P.O. Box NOT Acceptable)

BOCA RATON, FL. 33432 City, State, Zip

Having been named as registered agent and to accept scrvice 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

7/23/03 Date

Article IV - Management (Check hox if applicable.)
The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

.408 (3), Picelife Strikes, the execution of this under the penalties of periody that the facts stated herete are true.

> JOSEPH LHOTKA, PRESIDENT Typed or printed name of signee

H03-238959

Prepared By: Ace Industries 54 NW 11th Street Mismi, Florida 33136 (305) 358-2571