



TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Dicom Services LTD. Co.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

EDWARD W. MEBARAK O.  
(Name of Person)

Dicom Services LTD. Co.  
(Firm/Company)

3140 N. BAY ROAD  
(Address)

Miami / FL 33140  
(City/State and Zip Code)

For further information concerning this matter, please call:

EDWARD W. Mebarak at (305) 799-7644  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
03 AUG - 1 AM 11:44  
**FILED**

Intended Business name:

**"Dicom Services Ltd. Co."**

Contacting information

Edward Mebarak  
3140 N. Bay Road  
Miami, Fl. 33140

Cell: (305) 799-7644  
Phone: (305)531-5153

Attached is found a check payable to Florida Department of State, filing the for  
Articles of organization and designation of registered agent.

Total amount u\$ 125

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TALLAHASSEE, FLORIDA

07-27-03

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Dicom Services LTD. CO.

ARTICLE II - Address:

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

Principal Office Address:

3140 N. BAY ROAD  
Miami, FL 33140

Mailing Address:

3140 N. BAY ROAD  
Miami, FL 33140

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

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

EDWARD W. Mebarak  
Name

3140 N. BAY ROAD/MIAMI/FL/33140  
Florida street address (P.O. Box NOT acceptable)

Miami, FL 33140  
City, State, and Zip

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SECRETARY OF FLORIDA  
TALLAHASSEE, FLORIDA

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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Edward Mebarak  
3140 N. BAY ROAD  
Miami, Fl. 33140

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(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

*Edward Mebarak*

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.)

EDWARD MEBARAK

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)