

L03000030149

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

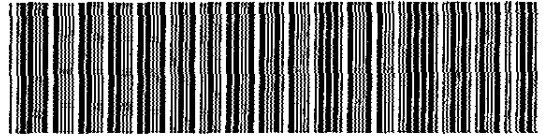
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600022065756

08/13/03--01060--021 **160.00

L03-30149
OR

FILED
2003 AUG 13 PM 1:31
CLERK



Signet Diagnostic

IMAGING SERVICES

August 5, 2003

Registration Section
Division of Corporations
Post Office Box 6327
Tallahassee, FL 32314

Re: *Service Holdings Ltd. Co.*

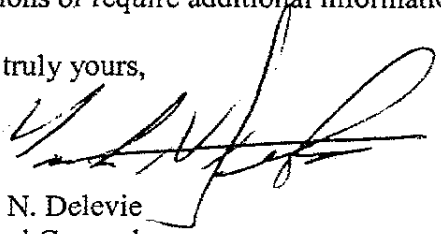
Dear Sir or Madam,

Enclosed please find Articles of Organization for the above-referenced limited liability company that are being presented to your office for filing. Enclosed please also find our check payable to the Florida Department of State in the amount of \$160.00, to cover your filing fee, the designation of the undersigned as the Registered Agent for the LLC, and the fees for a certified copy of these Articles and a Certificate of Status.

Please return the certified copy and the Certificate of Status to the undersigned at our corporate address, 1515 N. Federal Highway, Suite 405, Boca Raton, FL 33432.

Thank you very much for your prompt attention to this matter. Should you have any questions or require additional information, please call me at (561) 362-6370, ext. 35.

Very truly yours,


Mark N. Delevie
General Counsel

Encls.

South Florida Region

Aventura Imaging Center
Tel: 305-931-7615

Boca Raton Imaging Center
Tel: 561-368-7956
Tel: 561-750-8402 (MRI)

Coral Springs Imaging Center
Tel: 954-753-3800

Delray Beach Imaging Center
Tel: 561-495-7100

Fort Lauderdale Regional MRI
Tel: 754-452-8151

MedScan MRI
Tel: 954-714-9800

Palm Beach Gardens Imaging Center
Tel: 561-627-0665

Pembroke Pines Imaging Center
Tel: 954-539-0050

South Florida Imaging Center
Tel: 954-577-6000

South Miami Imaging Center
Tel: 305-555-9290

North Florida Region

Arlington Imaging Center
Tel: 904-745-5900

Northside Imaging Center
Tel: 904-606-8400

Orange Park Imaging Center
Tel: 904-272-2800

Riverside Imaging Center
Tel: 904-389-7474

Salisbury Imaging Center
Tel: 904-281-0133

FILED
03 AUG 11 2003
TALLAHASSEE, FL
DIVISION OF CORPORATIONS

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
SERVICE HOLDINGS LTD. CO.

ARTICLE II - Address:

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

Principal Office Address:

1515 No. Federal Highway
Suite 405
Boca Raton, FL 33432

Mailing Address:

1515 No. Federal Highway
Suite 405
Boca Raton, FL 33432

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

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

Mark N. Delevie

Name

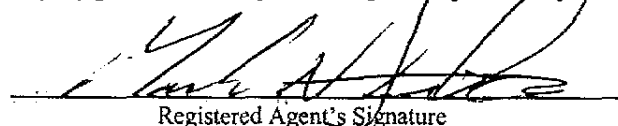
1515 No. Federal Hwy., Suite 405

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

Boca Raton FL 33432

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

(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:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

(Use attachment if necessary)

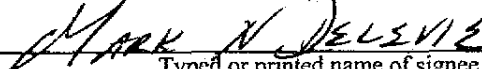
NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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.)



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)

FILED
03/10/10 11:00
CLERK OF CIRCUIT COURT
JACKSONVILLE, FLORIDA