

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

04 FEB 17 AM 11:57

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: VIEWPOINT-EXAMS OF FLORIDA, LLC
(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:

TONIA PFANNENSTIEL
(Name of Person)

VIEWPOINT-EXAMS OF FLORIDA, LLC
(Firm/Company)

318 INDIAN TRACE, # 238
(Address)

WESTON, FL 33326
(City/State and Zip Code)

For further information concerning this matter, please call:

TONIA PFANNENSTIEL at (954) 461-8204
(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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION
For
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. *NAME*

The name of the Limited Liability Company is:
VIEWPOINT-EXAMS OF FLORIDA, LLC.

ARTICLE II. *ADDRESS*

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

Principal Office:
782 NE Harbour Drive
Boca Raton, FL 33431

Mailing Address:
318 Indian Trace Road, PMB238
Weston, FL 33326

ARTICLE III. *REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE*

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

Howard Katz
782 NE Harbour Drive
Boca Raton, FL 33431

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, Florida Statutes.



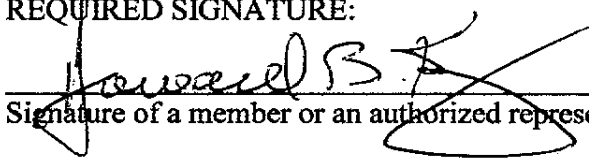
Signature of Registered Agent

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TALLAHASSEE, FLORIDA

ARTICLE IV. *Manager(s) or Managing Member(s)*

<u>Title</u>	<u>Name and address</u>
MGRM	Howard Katz 782 NE Harbour Drive Boca Raton, FL 33431
MGRM	Crystal Moor 560 Broadhollow Road, Suite 308 Melville, NY 11747

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.)

HOWARD KATZ

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)