

L04000050022

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

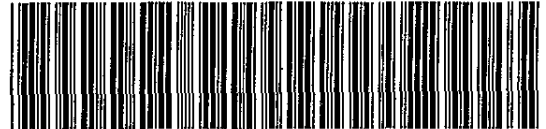
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100037614581

07/02/04--01029--007 **125.00

FILED

04 JUL -2 PM 12:05

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

JP
H004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sneak Preview Ultrasound, 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:

Connie Burkert
(Name of Person)

Sneak Preview Ultrasound, LLC
(Firm/Company)

1111 Shadow Lane
(Address)

Ft. Myers, FL 33901
(City/State and Zip Code)

For further information concerning this matter, please call:

Peter C. Burkert at (239) 337-4800
(Name of Person) (Area Code & Daytime Telephone Number)

SECRET
TALLAHASSEE, FLORIDA

04 JUL -2 PM 12:05

FILED

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Sneak Preview Ultrasound, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

1111 Shadow Lane

Same

Fort Myers, FL 33901

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

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

Connie Burkert

Name

1111 Shadow Lane

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

Fort Myers FLORIDA 33901

City, State, and Zip

FILED
04 JUL -2 PM 12:05
SECRETARY OF STATE
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, Florida Statutes..


Registered Agent's Signature

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	Connie Burkert
	1111 Shadow Lane
	Fort Myers, FL 33901
MGR	Wendy Riha
	1808 N.E. 3rd St.
	Cape Coral, FL 33990

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Connie Burkert
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.)

Connie Burkert
Typed or printed name of signee

FILED
04 JUL -2 PM 12:05
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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)