

02/10/05 12:15 FAX

Division of Corporations

Page 1 of 1

Florida Department of State
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : NELSON - HESSE
Account Number : I19990000187
Phone : (941) 366-7550
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LIMITED LIABILITY COMPANY

Eagle Eye Imaging, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION OF
EAGLE EYE IMAGING, LLC
A FLORIDA LIMITED LIABILITY COMPANY**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I — Name:

The name of the Limited Liability Company is: EAGLE EYE IMAGING, LLC

ARTICLE II — Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 3418 Saulstars Court, Sarasota, Florida 34232

ARTICLE III — Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent is: Gary H. Squire, whose address is 3418 Saulstars Court, Sarasota, Florida 34232.

ARTICLE IV — Manger and Member Information

The Limited Liability Company shall be a MEMBER MANAGED Company. The name and address for each member is as follows:

Name and Address	Title
1. Teresa L. Gasper 3418 Saulstars Court Sarasota, FL 34232	Member
2. Gary H. Squire 3418 Saulstars Court Sarasota, FL 34232	Member

ARTICLE V — Operating Agreement Shall be in Writing:

Any Operating Agreement (as defined in Section 608.402(24) of the Act), relating to this Limited Liability Company must be in writing and signed by all of the members.

IN WITNESS WHEREOF, I have signed these Articles of Organization as a member of the Limited Liability Company herein formed and acknowledged it to be my act this 10th day of February, 2005.

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FILED
2005 FEB 10 AM 9:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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Member Name: Teresa L. Gasper

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**STATEMENT ACCEPTING APPOINTMENT AS
REGISTERED AGENT**

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 under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)


Signature of Registered Agent
Gary H. Squire

FILED
2005 FEB 10 AM 9:45
TALLAHASSEE, FLORIDA

**Filing Fee: \$100.00 for Articles of Organization
\$25.00 for Designation of Registered Agent**

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