

LOS000024123

Florida Department of State
Division of Corporations
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DIVISION OF CORPORATIONS
FAX

Division of Corporations
Fax Number : (850) 205-0383
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215) 563-8113
Fax Number : (215) 977-9386

FILED
2005 MAR -9 AM 10:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LIMITED LIABILITY COMPANY

EXECUTIVE IMAGING SYSTEMS OF FLORIDA, L.L.C.

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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LOS-24123
OR

(H05000058835 3)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EXECUTIVE IMAGING SYSTEMS OF FLORIDA, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

4 SLAB BRANCH COURT
MARLTON, NJ 08053

Mailing Address:

4 SLAB BRANCH COURT
MARLTON, NJ 08053

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

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

W. BRADLEY MUNROE, ESQUIRE

Name

239 EAST VIRGINIA STREET

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

TALLAHASSEE, FL 32301

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.

W. B. Munroe

Registered Agent's Signature

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Page 1 of 2

(H05000058835 3)

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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:

MGRM

ELLIS RABINOWITZ

4 SLAB BRANCH COURT

MARLTON, NJ 08053

MGRM

NEIL STALLER

114 HARBORAGE PLACE

BARNEGAT, NJ 08005

MGRM

ANTHONY E. FERDINAND

23 IRONWOOD DRIVE

COLLEGEVILLE, PA 19426

(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.)

ROBERT WORTHINGTON AUTHORIZED REPRESENTATIVE

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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