

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Giannone IMS Orlando, 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:

Charles V. Sederstrom
(Name of Person)

Erickson & Sederstrom, P.C.
(Firm/Company)

10330 Regency Parkway Drive, Suite 100
(Address)

Omaha, Nebraska 68114
(City/State and Zip Code)

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2006 MAR 22 PM 3:32
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Nicole M. Lucius at (402) 397-2200
(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



FLORIDA DEPARTMENT OF STATE
Glenda E. Hood
Secretary of State

March 9, 2005

CHARLES V. SEDERSTROM
ERICKSON & SEDERSTROM, P.C.
10330 REGENCY PARKWAY DRIVE, SUITE 100
OMAHA, NE 68114

SUBJECT: GIANNONE IMS ORLANDO, LLC
Ref. Number: W05000012172

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TALLAHASSEE, FLORIDA

We have received your document for GIANNONE IMS ORLANDO, LLC and your check(s) totaling \$105.00. However, the document has not been filed and is being retained in this office for the following:

There is a balance due of \$20.00.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 605A00016305

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

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Giannone IMS Orlando, 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:

3025 East South Street

Orlando, Florida 32803

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

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

CT Corporation System

Name

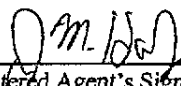
1200 S. Pine Island Road

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

Plantation, FLORIDA 33324

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, Florida Statutes..



Registered Agent's Signature

James M. Halpin
Assistant Secretary

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Managing Member

Arthur Giannone

2818 Alsace Ct.

Orlando, FL 32812

Managing Member

Robert Giannone

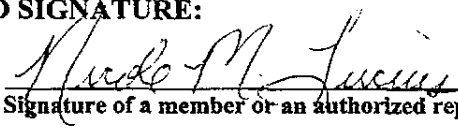
819 Rosemist Ct.

Ocoee, FL 34761

(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.)

Nicole M. Lucius, Attorney at Law

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)