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Division of Corporations

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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : I20010000247
Phone : (800)494-3124
Fax Number : (305)675-2811

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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY
MRI PROFESSIONAL INSTITUTE, LLC

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

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

MRI PROFESSIONAL INSTITUTE, LLC

ARTICLE II ADDRESS

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


7094 W 30th Ave
Hialeah, FL 33018-5248

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

JUAN REVUELTA
7094 W 30th Ave
Hialeah, FL 33018-5248

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

 5/17/05

JUAN REVUELTA / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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PAGE 2 MRI PROFESSIONAL INSTITUTE, LLC

ARTICLE V

The name(s) and address(es) of the managing members of the LLC are:

JUAN REVUELTA
MANAGING MEMBER:: 7094 W 30th Ave
Hialeah, FL 33018-5248

 5/17/05

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.)

JUAN REVUELTA
Typed or printed name of signer

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TALLAHASSEE, FLORIDA

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