

L05000055608

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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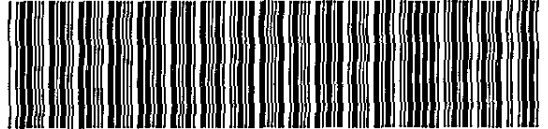
(Business Entity Name)

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CORPDIRECT AGENTS, INC. (formerly CCRS)
103 N. MERIDIAN STREET, LOWER LEVEL
TALLAHASSEE, FL 32301
222-1173

FILING COVER SHEET
ACCT. #FCA-14

CONTACT: KATIE WONSCH
DATE: 06/06/2005
REF. #: 000177.38814
CORP. NAME: SUPERIOR IMAGING MANAGEMENT, LLC

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- | | | |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION | <input type="checkbox"/> ARTICLES OF AMENDMENT | <input type="checkbox"/> ARTICLES OF DISSOLUTION |
| <input type="checkbox"/> ANNUAL REPORT | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME |
| <input type="checkbox"/> FOREIGN QUALIFICATION | <input type="checkbox"/> LIMITED PARTNERSHIP | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT | <input type="checkbox"/> MERGER | <input type="checkbox"/> WITHDRAWAL |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION | | |
| <input type="checkbox"/> OTHER: | | |

STATE FEES PREPAID WITH CHECK# 512862 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

_____ COST LIMIT: \$ _____

PLEASE RETURN:

- | | | |
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| <input type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS | | |

Examiner's Initials

**ARTICLES OF ORGANIZATION
OF
SUPERIOR IMAGING MANAGEMENT, LLC**

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TALLAHASSEE, FLORIDA

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

ARTICLE I — Name

The name of the limited liability company is:

SUPERIOR IMAGING MANAGEMENT, LLC

ARTICLE II — Address

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

3195 Willow Lane
Weston, Florida 33331

ARTICLE III — Duration

The period of duration for the Limited Liability Company shall be perpetual.

ARTICLE IV — Registered Agent

The name and address of the registered agent for service of process in the state shall be:

Jonathan Shapir, M.D.
3195 Willow Lane
Weston, Florida 33331

ARTICLE V — Management

The Limited Liability Company will be a member-managed company.

ARTICLE VI — Indemnification

The Company shall indemnify its managing member to the fullest extent permitted by law.


Jonathan Shapir, M.D., Member

**STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT
SUPERIOR IMAGING MANAGEMENT, LLC**

Having been named as registered agent and to accept service of process for the above-stated limited liability company at the place designated by 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 the obligations of my position as a registered agent as provided for in Chapter 621, F.S.

Jonathan Shapir M.D.
Jonathan Shapir, M.D.

Dated: June 1, 2005