

L05000059852

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

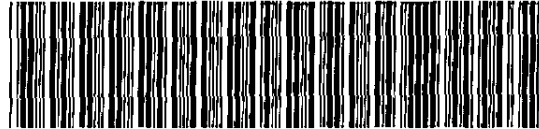
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RECEIVED
05 JUN 16 AM 9:56
TALLAHASSEE, FLORIDA
STATE
DIVISION OF
CORPORATIONS

FILED
05 JUN 16 PM 1:15
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

Charter Number Only

VALIDATION ONLY

Melnick, LiLienfeld

Requestor's Name

21670 NE 215 St

Address

Aventura, FL 33180

City

State

ZIP

Phone

FILED
05 JUN 16 PM 1:15
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

DMX Imaging of the Palm Beach

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☐ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☒ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DHX Imaging of the Palm Beaches, LLC

ARTICLE II - Address:

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

Principal Office Address:

3015 S. Congress Ave
Suite 1
Lake Worth, FL 33461

Mailing Address:

Same

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

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

Glenn Corkins
Name

3015 S. Congress Ave #1

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

Lake Worth, FL 33461

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..

Glenn Corkins, D.C., Ph.D.

Registered Agent's Signature

(CONTINUED)

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

Glenn Corkins

3015 S. Congress Ave #1

Lake Worth, FL 33461

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

✓ Glenn Corkins DC, Ph.D.

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.)

Glenn Corkins

Typed or printed name of signee

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)