

NOV-08-2005 15:44

GRAYROBINSON

407 418 6554 P.01/02

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000260130 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

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

From:

Account Name : GRAY, HARRIS & ROBINSON, P.A. - ORLANDO  
Account Number : I20010000078  
Phone : (407) 843-8880  
Fax Number : (407) 244-5690

FILED  
NOV -8 AM 9:48  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

05 NOV -8 PM 3:52

DIVISION OF CORPORATIONS

**LIMITED LIABILITY COMPANY**

**FLORIDA EAST COAST IMAGING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(((H05000260130 3)))

**ARTICLE I - Name:**

The name of the Limited Liability Company is: FLORIDA EAST COAST IMAGING, LLC

**ARTICLE II - Address:**

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

951 N. Washington Avenue  
Titusville, Florida 32796**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

William A. Boyles  
Name301 East Pine Street, Suite 1400  
Florida street address (P.O. Box NOT acceptable)Orlando, Florida 32801  
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.

William A. Boyles  
Registered Agent's Signature William A. Boyles, Esq.**Article IV - Management (Check box if applicable.)**☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, manager - managed company.**Article V - Withdrawal of a Member:**

As provided in the Company's Operating Agreement, a Member (the "Withdrawing Member") may withdraw from the Company only in accordance with the terms of the Company's Operating Agreement. The Withdrawing Member shall not be entitled to receive the "fair value" (within the meaning of Section 608.427 of the Act) of the Withdrawing Member's interest in the Company as of the effective date of withdrawal based on the Withdrawing Member's right to share in distributions from the Company or otherwise. Instead, the Withdrawing Member shall be entitled to receive the amounts, if any, set forth in the Company's Operating Agreement.

William A. Boyles  
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.)

William A. Boyles, Authorized Representative  
Typed or printed name of signer**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)

(((H05000260130 3)))

FILED  
NOV - 8 AM 9:48  
CLERK OF STATE  
TALLAHASSEE, FLORIDA