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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| | ation Section of Corporations |
|-------------------------|--|
| SUBJECT: | NATIONAL X-RAY, LLC |
| | (Name of Limited Liability Company) |
| The enclosed A | icles of Organization and fee(s) are submitted for filling. |
| Please return a | correspondence concerning this matter to the following: |
| | Nancy S. Allen |
| | (Name of Person) |
| | Duffield Young Adamson, P.C. |
| | (Firm/Company) |
| | 3430 E. Sunrise Drive, Suite 200 |
| | (Address) |
| | Tucson, AZ 85718 |
| | (City/State and Zip Code) |
| For further info | nation concerning this matter, please call: |
| Nancy S | Allen 520 > 702 1101 |
| | Allen at (520) 792-1181 (Area Code & Daytime Telephone Number) |
| Enclosed is a | neck for the following amount: |
| X \$ 125.00 Fili | Gree \$\bigcup \\$130.00 \text{ Filing Fee & Certificate of Status}\$ Certificate of Status \$\bigcup \\$155.00 \text{ Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} Certified Copy (additional copy is enclosed) |
| | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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|---|----|-----|--------------|-------|----|-----|
| | | | | | | |

The name of the Limited Liability Company is:

NATIONAL X-RAY, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

7684 15th Street East

Sarasota, Florida 34243

1461 E. Placita Meseta Dorada

Tucson, Arizona 85755

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

William M. Adkins

Name

305 13th Street S.W.

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

Ruskin, Florida 33570

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

OF OCT 33 AM II - II.

| MGR | Carl L. Hobbs |
|------|-------------------------------|
| | 1461 E. Placita Meseta Dorada |
| | Tucson, Arizona 85755 |
| MGRM | Carl L. Hobbs |
| | 1461 E. Placita Meseta Dorada |
| | Tucson, Arizona 85755 |
| MGRM | John A. Holberg |
| • | 802 Alpine |
| | Everett, Washington 98203 |
| MGRM | William M. Adkins |
| | 305 13th Street S.W. |
| | Ruskin, Florida 33570 |

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

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.)

CARL L. HOBBS
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)

Page 2 of 2