

W06000115923

00789-00623-00611-00671

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

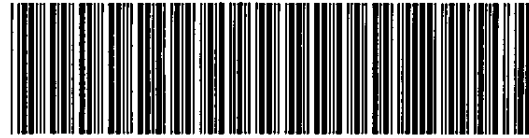
Special Instructions to Filing Officer:

12/4

FILE

Office Use Only

*mft*



400081277024

11/14/06--01028--016 \*\*125.00

FILED  
06 DEC -4 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

W06-50090

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: ULTIMATE IMAGE, LLC  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

KARL E SWANSON, M.D.  
(Name of Person)

ULTIMATE IMAGE LLC  
(Firm/Company)

2813 Punta Palma Ct  
(Address)

HOLIDAY, FL 34691  
(City/State and Zip Code)

For further information concerning this matter, please call:

KARL E SWANSON, M.D. at ( 727 ) 434-2122  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    ☐ \$160.00 Filing Fee, Certificate of Status & 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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

November 15, 2006

KARL E. SWANSON, M.D.  
ULTIMATE IMAGE LLC  
2813 PUNTA PALMA CT  
HOLIDAY, FL 34691

SUBJECT: ULTIMATE IMAGE, LLC  
Ref. Number: W06000050090

We have received your document for ULTIMATE IMAGE, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 006A00066899

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

ULTIMATE IMAGE, 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:

2835 W. DELEON St.  
SUITE 206  
TAMPA, FL. 33609

#### Mailing Address:

2813 Punta Palma Ct  
HOLIDAY, FL. 34691

### 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:

KARL E. SWANSON, M.D.

Name

2835 W. DELEON St, Ste 206

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

TAMPA FL 33609

City, State, and Zip

06 DEC -4 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

FILED

*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..*

Karl Swanson M.D.

Registered Agent's Signature (REQUIRED)

(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:**

MGR

KARL E SWANSON, M.D.  
2813 Punta Palmar Ct  
HOLIDAY, FL. 34691

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

KARL E. SWANSON, M.D.  
\_\_\_\_\_  
Typed or printed name of signer

**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)**