

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

**FLORIDA/FOREIGN LIMITED LIABILITY CO.**

**Netlink Imageflow Solutions LLC**

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

NETLINK IMAGEFLOW SOLUTIONS LLC

**ARTICLE II: Address**

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

68 MONTEREY POINTE DR

PALM BEACH GARDENS, FL 33418

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED  
AGENT SIGNATURE**

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

MARK E. GONWA MD

68 MONTEREY POINTE DR

PALM BEACH GARDENS, FL 33418

Having been named as registered agent 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.

x Mark E. Gonwa, MD

MARK E. GONWA MD / Registered Agent's Signature

**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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**NETLINK IMAGEFLOW SOLUTIONS LLC**

**ARTICLE V: MEMBERS (optional)**

**Managing Member:**

**SCOTT STUDDARD  
13971 US HIGHWAY ONE  
JUNO BEACH, FL 33408**

**Managing Member:**

**MARK E. GONWA MD  
68 MONTEREY POINTE DR  
PALM BEACH GARDENS, FL 33418**

**Managing Member:**

**DIANE M. RIDDLE  
68 MONTEREY POINTE DR  
PALM BEACH GARDENS, FL 33418**

x Mark E. Gonwa, MD

**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.)**

**MARK E. GONWA MD**

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