## L08000107899

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(Address)	
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M. THOMAS

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**EXAMINER** 

## **COVER LETTER**

	ration Section on of Corporations	
. SUBJECT: _	PROFESSION AL	Downer Inaging LLC of Limited Liability Company)
The enclosed A	rticles of Organization and fee(	e(s) are submitted for filing.
	l correspondence concerning th	•
	DANIEL J	Name of Person)
	Professional	Downer Imaging LLC (Firm/Company)
	6193 Porest	Villas arde
_4	on Hyers	(Address)  CL. 33908
For further info	rmation concerning this matter,	(Address)  CL. 33908  (City/State and Zip Code)  r. please call:
Daniel	(Name of Person)	at (239) 822 - 6054 (Area Code & Daytime Telephone Number)
Enclosed is a	heck for the following amou	ount:
\$125.00 Filin	g Fee 130.00 Filing Fe Certificate of Stat	
	- Mailing Address Registration Section Division of Corpora P.O. Box 6327 Tallahassee, FL 323	rations Division of Corporations Clifton Building

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICL	Æ I -	Name:
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The name of the Limited Liability Company is:

Rofessional Downerd Imaging LLC
(Must end with the words "Limited Liability Company," L.L.C.," or "LLC.")

## **ARTICLE II - Address:**

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

rincipal Office Address:	Mailing Address:
6193 Forest Villas circle	16520 S. TAMIAMI Trail
FORT MYESS FL 33908	#18 - 253
	FOIT Myers H 33908
	•

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:

Name

6193 Forest Villus Circle

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

Fort Wess FL 33905

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 executives as provided for in Chapter 608, F.S.

Registered Agent's Signature (RBQUIRED)

Title: "MGR" = Mana	ager anaging Member	Name and Address:
MGRM - MA	anaging Member	Daniel J LAURIA 6193 FOREST VIIIAS CIRLA FORT MYERS, FL. 33908
ugen		Bonnie Jones 1801 BRANTLEY ROAD #16 FOIT Myers, FL 33907
	<del></del>	
(Use attachmen	t if necessary)	
effective date is li	e date, if other than the disted, the date must be	date of filing: (OPTIONAL) = e specific and cannot be more than five business days prio
CLE V: Effective	e date, if other than the disted, the date must be date of filing.)  IGNATURE:	e specific and cannot be more than five business days prid

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)