

LU9000065704

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

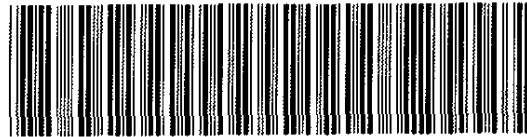
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07/08/09--01028--001 \*\*155.00

RECEIVED  
09 JUL -8 AM 11:32  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
09 JUL -8 PM 1:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

JUL 8 2009

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

**CONTACT:** KATIE WONSCH

**DATE:** 07/08/09

**REF. #:** 000409.107139

**CORP. NAME:** DORAL IMAGING INTERNATIONAL, LLC

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TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 530918 FOR \$ 155.00

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
DORAL IMAGING INTERNATIONAL, LLC**

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**ARTICLE I: - Name**

The name of the Limited Liability Company is **DORAL IMAGING INTERNATIONAL, LLC**

**ARTICLE II: - Address**

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

7775 N.W. 48<sup>th</sup> Street  
Suite 150  
Doral, FL 33166

**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301**

*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.*

CorpDirect Agents, Inc., Registered Agent

By: Katie Wonsch  
Name: Katie Wonsch  
Title: Assistant Secretary

**ARTICLE IV: - Management**


☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

**ARTICLE V: - Managing Member**

The name and address of each Managing Member is as follows:

MGRM                      Alberto D. Gil de Montes, Sr.  
7775 N.W. 48<sup>th</sup> Street  
Suite 150  
Doral, FL 33166

MGRM                      Viana E. Vivar  
7775 N.W. 48<sup>th</sup> Street  
Suite 150  
Doral, FL 33166

  
\_\_\_\_\_  
Marshall R. Burack, Authorized Signer

(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.)

\_\_\_\_\_  
Marshall R. Burack  
Typed or printed name of signee