

L09000084459

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. ~~Office~~ SEP - 1 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ORANGE PARK IMAGING INVESTORS 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:

DAVID MUYRES

Name of Person

ORANGE PARK IMAGING INVESTORS LLC

Firm/Company

P O BOX 2426

Address

ORANGE PARK, FL 32067

City/State and Zip Code

DMUY1@AOL.COM

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

BILL MUYRES

Name of Person

at (904)

219-7878

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ORANGE PARK IMAGING INVESTORS, 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:

Principal Office Address:

1409 KINGSLEY AVE

BUILDING #2

ORANGE PARK, FL 32073

Mailing Address:

P.O. BOX 2426

ORANGE PARK, FL 32067

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:

DAVID MUYRES

Name

2412 STOCKTON DRIVE

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

FLEMING ISLAND

FL

32003

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)

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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:

MGRM

DAVID MUYRES

2412 STOCKTON DRIVE

FLEMING ISLAND, FL 32003

MGRM

WILLIAM MUYRES

1675 EAGLE HARBOR PLACE, STE A

FLEMING ISLAND, FL 32003

MGRM

SAMUEL TODD

3108 HICKORY GLEN DR

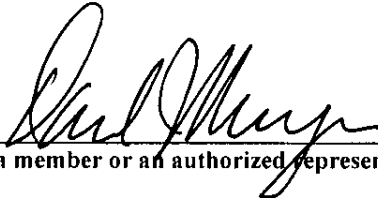
ORANGE PARK, FL 32065

(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.)

DAVID MUYRES

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)

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