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(Re	equestor's Name)	
(Ad	ldress)	
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	· · · · · · · · · · · · · · · · · · ·

Office Use Only



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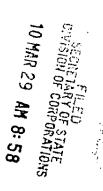
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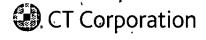
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**B. KOHR** 

MAR 3 0 2010

EXAMINER





1203 Governors Square Blvd. Tallahassee, FL 32301-2960

850 222 1092 tel · 850 222 7615 fax www.ctlegalsolutions.com

March 29, 2010

Department of State, Florida Clifton Building 2611 Executive Center Circle Tallahassee FL 32301

Re:

Order #: 7802026 SO

Customer Reference 1: None Given Customer Reference 2: None Given

Dear Department of State, Florida:

Please obtain the following:

Henderson Radition Associates (NV) Conversion Florida

Henderson Radition Associates (NV) Formation Florida

Henderson Radition Associates (NV) Obtain Document - Misc-- Florida

Henderson Radition Associates (NV)
Obtain Document - Misc - Certified copy of Formation
Florida

Enclosed please find a check for the requisite fees. Please return document(s) to the attention of the undersigned.

If for any reason the enclosed cannot be processed upon receipt, please contact the undersigned immediately at (850) 222-1092. Thank you very much for your help.

## Certificate of Conversion For "Other Business Entity" Into Florida Limited Liability Company



This Certificate of Conversion <u>and attached Articles of Organization</u> are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is:  Henderson Radiation Associates
(Enter Name of Other Business Entity)
2. The "Other Business Entity" is a general partnership
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)
first organized, formed or incorporated under the laws of Nevada
(Enter state, or if a non-U.S. entity, the name of the country)
on 10/01/1999
(Enter date "Other Business Entity" was first organized, formed or incorporated)
3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated:
4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:
Henderson Radiation Associates, LLC
(Enter Name of Florida Limited Liability Company)
5. If not effective on the date of filing, enter the effective date:  (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as teffective date listed in the attached Articles of Organization, if an effective date is listed therein.)

Signed this 24th day of March	20 <u>10</u>			
Signature of Member or Authorized Represent				
Signature of Member or Authorized Representativ Printed Name: Darrell C. Smith	Title: Authorized Representative			
Signature(s) on behalf of Other Business Entity: [See below for required signature(s).]				
Signature: Printed Name:	Title:			
Signature: Printed Name:	Title			
Signature:				
Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature: Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	ty Limited Partnership:			
All others: Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

Signed this 24th day of March	20 <u>10</u> .			
Signature of Member or Authorized Represen	tative of Limited Liability Company:			
Signature of Member or Authorized Representative Printed Name: Darrell C. Smith	ve:Title: Authorized Representative			
Signature(s) on behalf of Other Business Entity:				
Signature: DANIE DOSOLETZ	To be Walled to the state of th			
	Par	tner		
Signature: Printed Name:	Title:			
Signature:Printed Name:	Title:			
Signature:Printed Name:				
Signature: Printed Name:				
Signature:Printed Name:	Title:			
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officer. If Directors or Officers have not been selected, an Incorporator must sign.				
If Florida General Partnership or Limited Liability Partnership: Signature of one General Partner.				
If Florida Limited Partnership or Limited Liabili Signatures of <u>ALL</u> General Partners.	ity Limited Partnership:			
<u>All others:</u> Signature of an authorized person.				
Fees:				
Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)			

## ARTICLES OF ORGANIZATION OF HENDERSON RADIATION ASSOCIATES, LLC

# TONAR COMPANION SO

#### ARTICLE 1 - Name:

The name of the Limited Liability Company is HENDERSON RADIATION ASSOCIATES, LLC.

#### ARTICLE II - Address:

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

1176 Vegas Valley Drive Las Vegas, Nevada 89109

The mailing address of the Limited Liability Company is:

2234 Colonial Blvd. Fort Myers, Florida 33907

#### ARTICLE III - Management:

The Limited Liability Company is to be managed by a manager. The initial manager shall be:

TEM, LLC 5292 Summerlin Commons Way Suite 1103 Fort Myers, Florida 33907

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 24t day of March 2010.

Signature of 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.)

Darrell C. Smith

Typed or printed name of signee

### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is **HENDERSON RADIATION** ASSOCIATES, LLC.
- 2. The name and the Florida street address of the registered agent are:

Darrell C. Smith 101 E. Kennedy Boulevard Suite 2800 Tampa, Florida 33602

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.

Darrell C. Smith, Registered Algent