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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
GABLES P.E.T. IMAGING L.L.C.**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T. CLINE

MAY - 6 2010

EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GABIES P.E.T. IMAGING L.L.C.

(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:**Mailing Address:**115 SW 36 CTSAMEMIAMI, FL 33135**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:

CINDY FUENTES

Name

115 SW 36 CT

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

MIAMI, FL 33135

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.

Cindy Fuentes

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:MGRMCINDY FUENTES115 SW 80 ST
MIAMI FL 33131

(Use attachment if necessary)

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TALLAHASSEE, FLORIDA**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:Cindy Fuentes
Signature of a Member or its authorized representative of a member.

(In accordance with section 602.408(3), Florida Statutes, the execution of this document constitutes an attestation under the penalties of perjury that the facts stated herein are true.)

CINDY FUENTES
Typed or printed name of signer**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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