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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
10 JUL -6 AM 11:49

T. HAMPTON

JUL -7 2010

EXAMINER

## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: RADIOLOGY REAL ESTATE DEVELOPMENT 3 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:

**CHARLES FRAMPTON**

Name of Person

**DOCTORS IMAGING GROUP LLC**

Firm/Company

**6716 NW 11TH PLACE**

Address

**GAINESVILLE, FL 32605**

City/State and Zip Code

**CFRAMPTON@DOCTORSIMAGINGGROUP.COM**

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

For further information concerning this matter, please call:

**CHARLES FRAMPTON**

Name of Person

at ( 352 ) **313-6879**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

RADIOLOGY REAL ESTATE DEVELOPMENT 3 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:

6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

#### Mailing Address:

6716 NW 11TH PLACE  
GAINESVILLE, FL 32605

### 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:

CHARLES FRAMPTON

Name

6716 NW 11TH PLACE

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

GAINESVILLE

FL 32605

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.*

Charles Frampton  
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

WILL WILLIAMS

1143 SW 90TH TERRACE

GAINESVILLE, FL 32607

MGR

JONG KIM

3817 SW 93RD TERRACE

GAINESVILLE, FL 32608

MGR

MARK BAKER

6716 NW 11TH PLACE

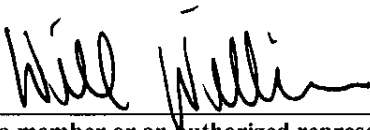
GAINESVILLE, FL 32605

(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.)

WILL WILLIAMS

\_\_\_\_\_  
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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