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**FLORIDA LIMITED LIABILITY CO.
 DIAGNOSTIC EQUIPMENT, LLC**

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

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY
DIAGNOSTIC MEDICAL EQUIPMENT, LLC**

ARTICLE I

The name of the limited liability company shall be:

DIAGNOSTIC MEDICAL EQUIPMENT, LLC

ARTICLE II

The principal place of business and mailing address of the corporation shall be:

**6275 SW 85 AVENUE
MIAMI, FLORIDA 33143**

ARTICLE III

This limited liability company shall commence its existence immediately upon the filing of the Articles of Organization and shall perpetually thereafter be in existence unless sooner dissolved by and in accordance with Florida law.

ARTICLE IV

The name and address of the initial registered agent is:

**MIRTA VALDES
6275 SW 85 AVENUE
MIAMI, FLORIDA 33143**

ARTICLE V

The limited liability company is to be managed by a managing member.

The undersigned has executed these Articles of Organization on this First day of April 2011.


Reinaldo C Valdes

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11 MAR 31 AM 11:11
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TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Florida Statutes, the undersigned limited liability company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

First that, **DIAGNOSTIC MEDICAL EQUIPMENT, LLC** desiring to organize under the laws of the State of Florida, with its principal office as indicated in the Articles of Organization, has named **MIRTA VALDES**, whose address is **6275 SW 85 AVENUE, MIAMI, FLORIDA 33143**, as its agent to accept service of process within this State.

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE-STATED CORPORATION 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.

SIGNATURE
Registered Agent

Marta L. Valdes

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TALLAHASSEE, FLORIDA

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