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### **COVER LETTER**

Division of Co							
SUBJECT: Equin	e MRI of Wellingto	on, LLC					
		d Liability Compa	any				
The enclosed Articles o	f Organization and fee(s) are su	ubmitted for filin	g.				
Please return all corresp	ondence concerning this matte	r to the following	3:				
Sandra J	. Babey, Esq.						
		Name of Person					
<del></del>		Firm/Company	· · · · · · · · · · · · · · · · · · ·				
1401 University Drive, Suite 301				<u> </u>	=		
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bwfurlong_e	eqvet@yahoo.com				- <del>n</del>	== 	, se
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For further information	concerning this matter, please	call:			>		
Sandra Babey		at ( 954	753-5471				
Name	of Person	Area Code & Daytime Telephone Number					
Enclosed is a check for	or the following amount:						
	\$130.00 Filing Fee & Certificate of Status	▼\$155.00 Filir Certified Co (additional cop	ру	\$160.00 Fi Certificate Certified C (additional co	of Stat Copy	tus &	
·	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division Elifton Electric Registration Electric Registration Registrat	ourier Address ion Section of Corporation Building ecutive Center ( see, FL 32301	s			

#### ARTICLES OF ORGANIZATION

FOR

#### **EQUINE MRI OF WELLINGTON, LLC**

A FLORIDA LIMITED LIABILITY COMPANY

#### Article I - Name

The name of the Limited Liability Company is **EQUINE MRI OF WELLINGTON, LLC** 

#### <u>Article II – Principal Address</u>

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

11785 St. Andrews Place, Unit 11-103, Wellington, Florida 33414.

#### Article III - Mailing Address

The mailing address of the Limited Liability Company is:

P.O. Box 16, Oldwick, New Jersey 08858-0016.

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#### Article IV - Registered Agent

The name and Florida street address of the registered agent is:

Sandra J. Babey, Esq. 1401 University Drive Suite 301 Coral Springs, Florida 33071

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, Florida Statutes.

gariara o. Egocy, Esq

#### Article V - Management

The names and addresses of each of the initial Managing Members are as follows:

Managing Member:

Brendan Furlong

406 Pittstown Road

Pittstown, New Jersey 08867

From time to time, the Managing Members may elect Officers of the Limited Liability Company, who may be Members or Non-Members, and who may serve for so long as the Members agree. The names and addresses of each of the initial Officers are as follows:

President:

Brendan Furlong

406 Pittstown Road

Pittstown, New Jersey 08867

Vice President /

Secretary:

herein are true.

Nadia Cook-Grisewood

(Non-Member)

P.O. Box 16

Oldwick, New Jersey 08858-0016

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under penalty of perjury that the facts stated

Signed this 13 day of July, 2011

Brendan Furlong, Managing Member