

L12000008189

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H12000013964 3)))



H120000139643ABC

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

FILED  
2012 JAN 17 AM 10:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: \_\_\_\_\_

RECEIVED  
12 JAN 17 PM 3:16  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.  
XRAYTRAX, LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

A. LUNT  
JAN 18 2011  
EXAMINER

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I NAME**

The name of the Limited Liability Company is: **XRAYTRAX, LLC**

**ARTICLE II PRINCIPAL OFFICE ADDRESS**

The principal place of business/mailling address is:

Principal Address 14907 Princewood Lane  
Land O Lakes, FL 34638

Mailing Address: 14907 Princewood Lane  
Land O Lakes, FL 34638

**ARTICLE III Registered Agent, Registered Office & Registered Agent's Signature:**

The name and Florida Street address of the initial registered agent is: Dale Miller  
14907 Princewood Lane  
Land O Lakes, FL 34638

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 as provided for in Chapter 608, FS

  
\_\_\_\_\_  
Signature/Registered Agent

1/16/12  
\_\_\_\_\_  
Date

**ARTICLE IV Managing Member(s)**

The name and address of the Managing Member(s) is as follows:

Dale Miller  
14907 Princewood Lane  
Land O Lakes, FL 34638

**ARTICLE V EFFECTIVE DATE**

The effective date of this filing:

**Signature of managing 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.

  
\_\_\_\_\_  
Signature/Incorporator/Managing Mbr.

1/16/12  
\_\_\_\_\_  
Date

Dale Miller  
\_\_\_\_\_  
Printed name of Signee

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2012 JAN 17 AM 10:05

FILED