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.

(((H12000018879 3)))



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

.. SELLERS

JAN 24 2012

.From:

Account Name : LAZARUS CORPORATE FILING PEXIMINER : 120000000019

Account Number : I2000000019 : (305)552-5973 Fax Number : (305)220-1440

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

Email Address:

## FLORIDA LIMITED LIABILITY CO.

**IMAGING IN MOTION, LLC** 

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

## H12000018879

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ONCO MARKETON					
ARTICLE I - Name:					
The name of the Limited Liability Con	apany is:				
•					
IMAGING IN MOTION,LLC					
(Must end with the words "Li	nited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE П - Address:					
· · · · · · · · · · · · · · · · · · ·	of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:				
10461 SW 66TH STREET	10461 SW 66TH STREET				
MIAMI, FL 33173	MIAMI, FL 33173				
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.)  The name and the Florida street address	s of the registered agent are:				
MIGUEL GALIANO, JR					
	Name				
10461 SW 66TH STREET					
Florida street address (P.O. Box NOT acceptable)					
MIAN	dl <sub>fl</sub> 33173				
	City, State, and Zip				
liability company at the place desig registered agent and agree to act in thi statutes relating to the proper and co	nt and to accept service of process for the above stated limited nated in this certificate, I hereby accept the appointment as is capacity. I further agree to comply with the provisions of all implete performance of my duties, and I am familiar with and in as registered agent as provided for in Chapter 608, F.S				

Rogistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## H12000018879

<b>ARTICLE</b>	IV-	Manager(s)	or N	fanaging	Member(s):

The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	MIGUEL GALIANO, JR 10461 SW 66TH STREET MIAMI, FL 33173
<del></del>	
(Use attachment if necessary)	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JANUARY, 18, 2012 (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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

MIGUEL GALIANO, JR

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)
- S 5.00 Certificate of Status (Optional)

Page 2 of 2

H1200018879