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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

G. MCLEOD

FEB -2 2012

EXAMINER



iMD Companies, Inc.

January 31, 2012

Florida Division of Corporations
Clifton Bldg
2661 Executive Center Cr.
Tallahassee, FL 32301

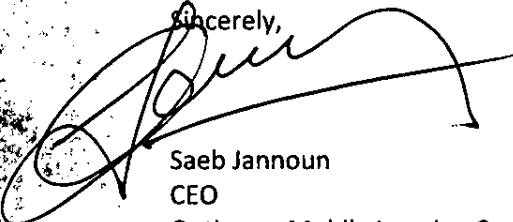
To whom it may concern;

The name Positive Solutions Centers, LLC. belongs to the entity now named Optimum Mobile Imaging Corp. FL document # P08000023302, formerly iMD Companies, Inc. The entity being established, Positive Solutions Centers, LLC, is a wholly owned subsidiary of Optimum Mobile Imaging Corp.

The parent company is aware of the changes and will allow for the name to be used by the subsidiary. there will not be any confusion for the public since both companies use the same address and contact information and are under the same ownership.

Please let me know if you have any questions or if I can clarify any points.

Sincerely,



Saeb Jannoun
CEO
Optimum Mobile Imaging Corp.
iMD Companies, Inc.
Saeb@imdcos.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Positive Solutions Centers 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:

Saeb Jannoun

Name of Person

Optimum Mobile Imaging Corp.

Firm/Company

14310 N. Dale Mabry Hwy, Suite 300

Address

Tampa, FL 33618

City/State and Zip Code

saeb@imdcos.com

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

For further information concerning this matter, please call:

saeb jannoun

Name of Person

at (813) 240-4086

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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:

Positive Solutions Centers 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:

14310 N. Dale Mabry Hwy
Suite 300
Tampa, FL 33618

Mailing Address:

same

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:

Optimum Mobile Imaging Corp.

Name

14310 N. Dale Mabry Hwy Suite 300

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

Tampa FL 33618

City, State, and Zip

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TALLAHASSEE, FLORIDA

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Optimum Mobile Imaging Corp.

14310 N. Dale Mabry Hwy, Suite 300

Tampa, FL 33618

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 1, 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.)

Saeb Jannoun

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)