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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
. (Bu	siness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	-

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SECRETARY OF STATE OF CORPORATIONS

2012 OCT | 9 PM | 1: 21

C. LEWIS

OCT 2 2 2012

EXAMINER

COVER LETTER

Registration Section
Division of Corporations

TO:

		agent sta
SUBJECT: lonso	uth - Pensacola,	LLC
50 B 02C1.	Name of Limit	ted Liability Company
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.
Please return all corres	pondence concerning this mat	ter to the following:
William .	J. Cox	
- 11.17		Name of Person
Ionsouth	Diagnostics	
		Firm/Company
146 S. F	lorida Street	
		Address
B. 8 1 12 A.	00000	
Mobile, AL		W. (Sada and Tim Code
billy@cox-u		ty/State and Zip Code
billy@cox-t		for future annual report notification)
For further information	concerning this matter, pleas	e call:
Mana Dalham		054
Marc Pelham	of Person	at (251 479-9757 Area Code & Daytime Telephone Number
Name	of reison	Area Code & Daytime Telephone Number
Enclosed is a check f	or the following amount:	
\$125.00 Filing Fee [\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) 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

Ionsouth - Pensacola, LLC	
	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	na i i nom ou ri na triniti. A
The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2420-2 Executive Plaza	146 S. Florida Street
Pensacola, FL 32504	Mobile, AL 36606
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are:
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of William J. Cox 17287 Perdid	istered Office, & Registered Agent's Signature: In Registered Agent. You must designate an individual or another of the registered agent are: Name O Key Dr. #804 Teet address (P.O. Box NOT acceptable)
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address of William J. Cox 17287 Perdid	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: Name O Key Dr. #804

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)

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

ARTICLE IV- Manager(s) or Managing Member(s):

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

2012 OCT 19 PM 1: 21

"MGRM" = Managing Men	nber
MGRM	William J. Cox
· · · · · · · · · · · · · · · · · · ·	146 S. Florida St.
	Mobile, AL 36606
Manager	Marc Pelham
	146 S, Florida Street
	Mobile, AL 36606
	
(Use attachment if necessary	·)
EV. Effortive data if other	r than the date of filing: .10/18/2012 (OPTIONA
	te must be specific and cannot be more than five business day
days after the date of filing	
•	,

(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.)

Signature of a member or an authorized representative of a member.

Marc Pelham

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certifled Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)