

L12000145906

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400241213334

10/31/12--01026--016 **130.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 NOV 16 PM 3:56

FILED

W12-55747

J. BRYAN

NOV 19 2012

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 1, 2012

ANAIBI MOLINA
4941 NW 181 TERRACE
MIAMI GARDENS, FL 33055

SUBJECT: ADVANCED IMAGING EDUCATION
Ref. Number: W12000055747

2012 NOV 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

We have received your document for ADVANCED IMAGING EDUCATION and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The word "Limited" may be abbreviated as "Ltd." and the word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Joey Bryan
Regulatory Specialist II

Letter Number: 012A00026690

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Advanced Imaging Education, 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:

ANAIBI MOLINA

Name of Person

Firm/Company

4941 NW 181 TERRACE

Address

MIAMI GARDENS, FLORIDA 33055

City/State and Zip Code

IMAGING.EDUCATION@GMAIL.COM

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

FILED
2012 NOV 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

ANAIBI MOLINA

Name of Person

at (**786**) **908-2545**

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:

Advanced Imaging Education, 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:

Mailing Address:

4941 NW 181 TERRACE
MIAMI GARDENS,
FLORIDA, 33055

4941 NW 181 TERRACE
MIAMI GARDENS,
FLORIDA, 33055

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

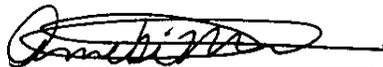
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

AMEIBI MOLINA
Name
1800 N BAYSHORE DR #2107
Florida street address (P.O. Box **NOT** acceptable)
MIAMI FL 33132
City, State, and Zip

FILED
2012 NOV 16 PM 3:56
SECRETARY OF STATE
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:

MGR _____

AMEIBI MOLINA _____

1800 N BAYSHORE DR# 2107 _____

MIAMI, FLORIDA 33132 _____

MGRM _____

ANAIBI MOLINA _____

4941 NW 181 TERRACE _____

MIAMI, FLORIDA 33055 _____

2012 NOV 16 PM 3:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

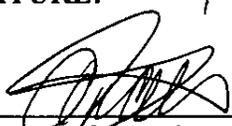
FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ANAIBI MOLINA

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)