

L1300 6116732

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

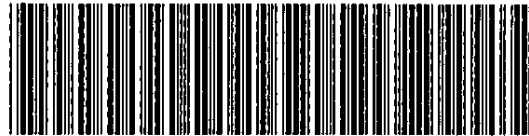
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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08/12/13--01038--029 **125.00

J. Stivers AUG 20 2013

W17-4545



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 13, 2013

BAY PROPERTY LLC
16300 NE 19TH AVE
N MIAMI BEACH, FL 33162

SUBJECT: BAY IMAGING GROUP, LLC
Ref. Number: W13000045045

We have received your document for BAY IMAGING GROUP, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Please return the corrected original and one copy of 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.

Justin M Shivers
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 113A00019305



Bay Imaging Group, Inc.

1755 N.E. 127th Street • North Miami, FL 33181
Phone: 305-891-1900 • Fax: 305-891-1911

August 7, 2013

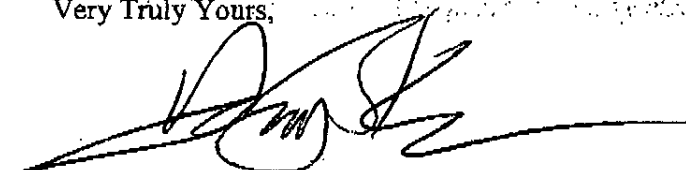
Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Bay Imaging Group, LLC

To Whom It May Concern,

As owner of Bay Imaging Group, Inc., I wish to give my approval for the use of the name
Bay Imaging Group, LLC.

Very Truly Yours,


Henry S. Koche
President/CEO
Bay Imaging Group, Inc.
Hank@bayimaginggroup.com

RECEIVED
13 AUG 19 PM 1:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Date	8/19/13	# of pages	1
From	Henry Koche		
To	Justin		
Co/Dapt	850-245		
Phone #	6924		
Fax #			

"guided by a commitment to provide quality medical diagnostic services"

(850) 245-6051.

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: BAY IMAGING Group, 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:

Name of Person
BAY Property, LLC
Firm Company
16300 NE 19th Avenue
Address
North Miami Beach, FL
City, State and Zip Code
h.kade@msu.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call.

Henry Kade at (305) 891-1900 82 554-599-4265
Name of Person 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:

BAY IMAGING GROUP, 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:

16300 NE 19th Ave
North Miami Beach
FL 33162

Mailing Address:

16300 NE 19th Ave
North Miami Beach
FL 33162

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:

Bay Property, LLC
Name
16300 NE 19th Ave
Florida street address (P.O. Box NOT acceptable)
North Miami FL 33162
City, State, and Zip

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 60S, F.S.

[Signature]
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:

Bay Property, LLC

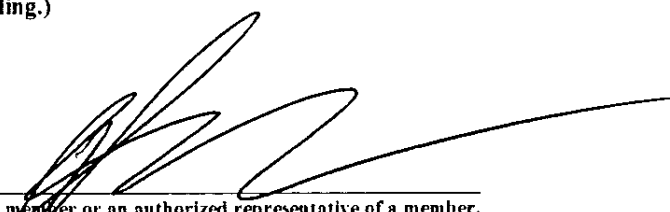
16300 NE 19th Ave
North Miami Beach, FL 33412

(Use attachment if necessary)

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

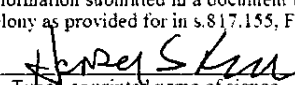
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



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)