

L140000134091

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

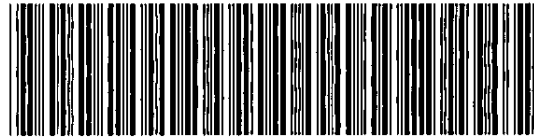
(Business Entity Name)

(Document Number)

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RECEIVED
14 AUG 26 PM 2:40
DIVISION OF CORPORATION
FILED
14 AUG 26 PM 1:45
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AUG 27 2014

T. BROWN

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

PHOENIX DIAGNOSTICS, LLC

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Thank you!

- | | | |
|---|---|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> Nonprofit | | |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
| | <input type="checkbox"/> Reinstatement | |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Annual Report | <input type="checkbox"/> Other |
| <input checked="" type="checkbox"/> LLC | <input type="checkbox"/> Name Registration | |
| Formation | <input type="checkbox"/> Fictitious Name | <input type="checkbox"/> UCC |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Photocopies | <input type="checkbox"/> CUS |
| New Formation | | |
| <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem | |
| <input checked="" type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| <input type="checkbox"/> Mail Out | | |

Name _____
 Availability _____
 Document _____
 Examiner _____
 Updater _____
 Verifier _____
 W.P. Verifier _____

8/26/2014

ST

Order#:
9255283

Ref#: _____

Amount: \$ _____

CT Corporation System

515 E. Park Ave., Tallahassee, FL, 32301

850-222-1092

PHOENIX DIAGNOSTICS, LLC

Thank you!

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| <input type="checkbox"/> Foreign | <input type="checkbox"/> Dissolution/Withdrawal | <input type="checkbox"/> Mark |
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Order#: **9255283**
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ARTICLES OF ORGANIZATION
OF
PHOENIX DIAGNOSTICS, LLC

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I: - Name

The name of the Limited Liability Company is: **PHOENIX DIAGNOSTICS , LLC**

ARTICLE II: - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

19103 Waterway Road
Jupiter, Florida 33469

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

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

NRAI Services, Inc.
1200 South Pine Island Road
Plantation, Florida 33324

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 605, F.S.

NRAI Services, Inc., Registered Agent

By: Michele Holden
Name: Michele Holden
Title: Assistant Secretary

ARTICLE IV: - Management

The Limited Liability Company is to be managed by one or more Managers and is, therefore, a manager - managed company.

IN WITNESS WHEREOF, the undersigned has executed these Articles of Organization on August 25, 2014.



Marshall R. Burack, Authorized Signer

(In accordance with section 605.0203(1)(b), 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 Section 817.155, Florida Statutes.)

Marshall R. Burack

Typed or printed name of signee