

L15000059447

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

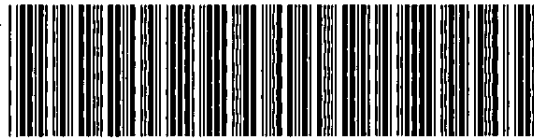
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100271336501

04/03/15--01006--025 **125.00

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS & BUSINESSES
15 APR - 3 PM 1:34
NOT AFFIRMED
TO ACKNOWLEDGE
SUFFICIENCY OF FILING
FILED
SECRETARY OF STATE
15 APR - 3 AM 10:46

APR 06 2015
S. YOUNG

CT Corporation System

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

850-205-8842

Radiology Physician Solutions of West Florida, LLC

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 type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<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 _____

4/3/2015

ST

Order#:
9502317

Ref#: _____

Amount: \$ _____

FILED
15 APR -3 AM 10:40
TALLAHASSEE, FL
CLERK OF CIRCUIT COURT

CT Corporation System

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

850-205-8842

Radiology Physician Solutions of West Florida, LLC

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 type="checkbox"/> Certified Copy	<input type="checkbox"/> Photocopies	<input type="checkbox"/> CUS
<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 _____

4/3/2015

ST

Order#:
9502317

Ref#: _____

Amount: \$ _____

FILED
15 APR -3 AM 10:43
TALLAHASSEE, FL
STATE

**ARTICLES OF ORGANIZATION
OF
RADIOLOGY PHYSICIAN SOLUTIONS OF WEST FLORIDA, LLC**

ARTICLE I - NAME

The name of this limited liability company is Radiology Physician Solutions of West Florida, LLC (the "Company").

ARTICLE II - DURATION

The existence of the Company shall be perpetual, unless and until terminated pursuant to Florida law.

ARTICLE III - PURPOSE

The Company is organized for the purpose of transacting any or all business permitted under the Florida Limited Liability Company Act of the State of Florida.

ARTICLE IV - PRINCIPAL OFFICE ADDRESS

The mailing and street address of the principal office of this Company, unless and until relocated, is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323.

**ARTICLE V - REGISTERED AGENT
AND REGISTERED OFFICE**

The mailing and street address of the initial registered office of this Company is 1613 North Harrison Parkway, Suite 200, Sunrise, Florida 33323; and the name of the initial registered agent at that address is Jillian Marcus.

ARTICLE VI - MEMBERSHIP

The Company will have a sole Member that will hold all of the units and interests of the Company.

ARTICLE VII - MANAGEMENT

The Company shall be a manager managed organization. The day-to-day business and affairs of the Company shall be managed under the direction of a Board of Directors authorized by the sole Member. The number of Directors may be either increased or decreased from time to time as provided in the Company's Operating Agreement, but shall never be less than one (1).

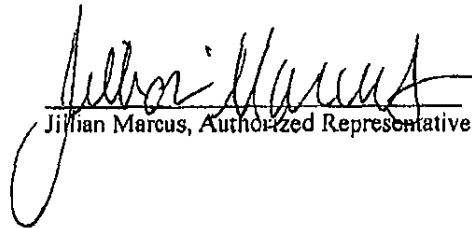
FILED
MAR - 3 2016
15

ARTICLE VIII - ORGANIZER

The name and address of the authorized representative signing these Articles of Organization on behalf of the Company is:

Jillian Marcus
1613 North Harrison Parkway, Suite 200
Sunrise, FL 33323

IN WITNESS WHEREOF, the undersigned authorized representative has executed these Articles of Organization of the Company this 3rd day of April, 2015.


Jillian Marcus, Authorized Representative

FILED
15 APR -3 AM 10:46
CLERK OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE DESIGNATING THE ADDRESS
AND AN AGENT UPON WHOM PROCESS MAY BE SERVED**

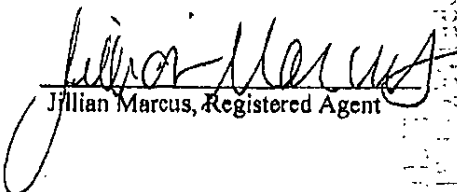
That Radiology Physician Solutions of West Florida, LLC (the "Company"), desiring to organize under the laws of the State of Florida, has named Jillian Marcus as its agent to accept service of process within this State at its Registered Office as follows:

1613 North Harrison Parkway
Suite 200
Sunrise, FL 33323

ACKNOWLEDGMENT:

Having been named to accept service of process for the Company, at the place designated in this Certificate, I hereby agree to act in this capacity, and further, I agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 605, Florida Statutes.

Dated this 3rd day of April, 2015.


Jillian Marcus, Registered Agent

FILED
15 APR -3 AM 10:46
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA