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**FLORIDA LIMITED LIABILITY CO.
DEX imaging of North Carolina, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION
OF
DEX IMAGING OF NORTH CAROLINA, LLC**

ARTICLE I – Name:

The name of the Limited Liability Company is DEX imaging of North Carolina, LLC.

ARTICLE II – Address:

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

5109 West Lemon Street
Tampa, Florida 33609


ARTICLE III – Management:

The Limited Liability Company is to be managed by a manager or managers. The initial manager shall be Daniel M. Doyle, Jr.

ARTICLE IV – Indemnification:

The Limited Liability Company shall, to the full extent permitted by applicable law, as amended from time to time, indemnify the managers of the Limited Liability Company. The indemnification provided by this Article IV shall not limit or exclude any rights, indemnities or limitations of liabilities to which any person may be entitled, whether as a matter of law, under the regulations of the limited liability company, by agreement or otherwise.

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 7th day of April, 2015.



Signature of an authorized representative of a member.

Julio C. Esquivel

Typed or printed name of signee

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **DEX imaging of North Carolina, LLC.**
2. The name and the Florida street address of the registered agent are:

Julio C. Esquivel
Shumaker, Loop & Kendrick, LLP
101 E. Kennedy Boulevard
Suite 2800
Tampa, Florida 33602

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.



Signature

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