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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	





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Sin a 11/22/10

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KB Radiology LLC	
	mited Liability Company
The enclosed Articles of Organization and fee(s) at	re submitted for filing.
Please return all correspondence concerning this m	natter to the following:
Karen Levy, MD	
	Name of Person
KB Radiology LLC	
	Firm/Company
15500 SW 200th St	Address
<u>Miami</u>	Fiorida 33187 City/State and Zip Code
kbradiology@outlook.com	
	d for future annual report notification)
For further information concerning this matter, plea	ase call:
Karen Levy, MD at (_;	305) 505-0455 Area Code Daytime Telephone Number
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 & ☐\$160.00 Filing Fee, Certified Copy (additional copy is enclosed) S160.00 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

The name of the Limited Liability Company is:				
Kb Radiology LLC				
(Must end with the words "Li	mited Liability Company,	"L.L.C.," or "LLC.")		
ARTICLE II - Address:				
The mailing address and street address of the princ	ipal office of the Limited I	Liability Company is:		
Principal Office Address:	Mailing Address	<u>s:</u>		
15500 SW 200th St Miami, FL 33187	15500 SW 2001 Miami, FL 331			
TANGUM, I L. SOLO!				
ARTICLE III - Registered Agent, Registered O (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	s own Registered Agent. Y		individual or	
The name and the Florida street address of the regi	stered agent are:			
InCorp Services, Inc				
	Name			
17888 67th Court North Florida street address (P.C				
Loxahatchee	FL 33470			
City	Zip			
Having been named as registered agent and to acc the place designated in this certificate, I hereby capacity. I further agree to comply with the prove of my duties, and I am familiar with and accept	accept the appointment as isions of all statutes relating	registered agent and a g to the proper and co	agree to act in mplete perfor	n this mance
Janiel No.	II 080 In Col Signature (REQUIRED)	o Services,	Inc.	
Registered Agent s	Signature (REQUIRED)			
(CON	TINUED)	1		
Paq ·	ge 1 of 2		5 APR 10 PH	Comments of the second of the

"AMBR" = Manager MGR MGR MGR Miami, FL 33187 (Use attachment if necessary) E. V: Effective date, if other than the date of filing: cetive date is listed, the date must be specific and cannot be more than five business days prior to or 9 of filing.) E. VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605 2023 (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 s.817.155, F.S.) Maryan R. Lewy, MD Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate of Status (Optional) Page 2 of 2	Karen Levy 15500 SW 200th St Miami, FL 33187 Lachment if necessary) Iffective date, if other than the date of filing: Late is listed, the date must be specific and cannot be more than five business days prior to or 90 to 10 there provisions, if any. Where provisions, if any. IRED SIGNATURE: Signature of a member or an authorized representative of a member. (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 s.817.155, F.S.) Typed or printed name of signee Filing Fees: O0 Filing Fee for Articles of Organization and Designation of Registered Agent Filing Fees: O0 Certificate of Status (Optional) O0 Certificate of Status (Optional)	Name and Address:			SS:	ddress	Addr	<u>d Adc</u>	III AL						uuri	LC22	<u>s:</u>							
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