

47000262103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

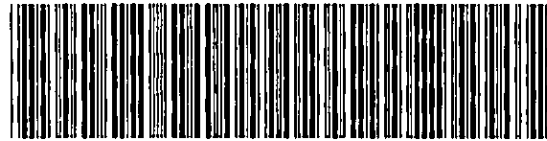
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100306982101

12/25/17--01039--030 **150.00

C RICO
DEC 26 2017

2017 DEC 26 04:11:08
COURT CLERK

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: MRI Joint Venture
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:

Emily Callaway
Name of Person
MRI Joint Venture
Firm/Company
12109 C R 103
Address
Oxford, FL 34484
City/State and Zip Code
ecallaway@cfusllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Emily Callaway 352 350-8282
Name of Person at () Daytime Telephone Number

2017 DEC 26 PM 1:08
RECEIVED
DIVISION OF CORPORATIONS
TALLAHASSEE, FL

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

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing 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:

MRI Joint Venture ,L.L.C

(Must contain 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:

Mailing Address:

12109 CR 103

Oxford, FL 34484

12109 CR 103

Oxford FL 34484Advanced

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:

Advanced Urology Specialists of FL, LLC

Name

12109 CR 103

Florida street address (P.O. Box **NOT** acceptable)

Oxford

FL

34484

City

State

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 605, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Harey Taub MD

12109 CR 103

Oxford, FL 34484

AMB **A**

Gerald Grubbs MD

600 Cattlemen Road, Suite 100

Sarasota FL 34232

MGR

Emily Callaway

12109 CR 103

Oxford, FL 34484

MGR

Richard Wooten

12109 CR103

Oxford FL 34484

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A. (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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Emily Callaway

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)

2617 DEC 26 PM 1:03
RECEIVED
FEB 14 2018
STATE OF FLORIDA
DEPARTMENT OF STATE