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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

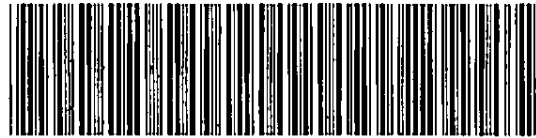
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. SABA

MAR 05 2018

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: ARTEC IMAGING L.L.C.
(Name of Resulting Florida Limited Company)

The enclosed Articles of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 605.1045, F.S.

Please return all correspondence concerning this matter to:

ARTHUR GAINES
(Contact Person)

ARTEC IMAGING L.L.C.
(Firm/Company)

3025 ST. MICHAEL LN.
(Address)

THE VILLAGES, FL 32162
(City, State and Zip Code)

art@artecimaging.com
E-mail Address: (to be used for future annual report notifications)

For further information concerning this matter, please call:

ALINE GAINES at (704) 562-0306
(Name of Contact Person) (Area Code) (Daytime Telephone Number)

Enclosed is a check for the following amount: (All checks processed by this office must be payable in US dollars and drawn on a bank located in the United States)

<input type="checkbox"/> \$150.00 Filing Fees & \$125 for Articles of Organization)	<input type="checkbox"/> \$155.00 Filing Fees and Certificate of Status	<input type="checkbox"/> \$180.00 Filing Fees and Certified Copy	<input type="checkbox"/> \$185.00 Filing Fees, Certified Copy, and Certificate of Status
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STREET ADDRESS:
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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

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18 FEB 28 PM 2:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Articles of Conversion
For
"Other Business Entity"
Into
Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a **Florida Limited Liability Company** in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:

ARTEC IMAGING LLC
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a CORPORATION
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of NORTH CAROLINA
(Enter state, or if a non-U.S. entity, the name of the country)

on MARCH 21, 2000
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the **attached Articles of Organization**:

ARTEC IMAGING LLC
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: _____.

(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)

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.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 23 day of FEBRUARY 20 18.

Signature of Authorized Representative of Limited Liability Company:

Signature of Authorized Representative: Arthur Gaines
Printed Name: ARTHUR GAINES Title: MEMBER

Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]

Signature: Arthur Gaines
Printed Name: ARTHUR GAINES Title: MANAGER/MEMBER

Signature: Alene Gaines
Printed Name: ALENE GAINES Title: MANAGER/MEMBER

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

Signature: _____
Printed Name: _____ Title: _____

If Florida Corporation:

Signature of Chairman, Vice Chairman, Director, or Officer.
If Directors or Officers have not been selected, an Incorporator must sign.

If Florida General Partnership or Limited Liability Partnership:

Signature of one General Partner.

If Florida Limited Partnership or Limited Liability Limited Partnership:

Signatures of ALL General Partners.

All others:

Signature of an authorized person.

Fees:

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTEC IMAGING 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:

3025 St. Michael Ln.
THE VILLAGES FL 32162

Mailing Address:

3025 St Michael Ln.
THE VILLAGES, FL 32162

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:

Zachary Bruno
Name

85 Daymond Drive Loop
Florida street address (P.O. Box **NOT** acceptable)

Orala FL 34472
City Zip

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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..

[Signature]
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

MGR/AMBR

AMBR

Name and Address:

ARTHUR GAINES
3025 ST. MICHAEL LN.
THE VILLAGES, FL 32162

ALINE GAINES
3025 ST. MICHAEL LN.
THE VILLAGES, FL 32162

(Use attachment if necessary)

ARTICLE V: Other provisions, if any.

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

REQUIRED SIGNATURE:

Arthur Gaines

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.

ARTHUR GAINES

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)

STATE OF NORTH CAROLINA



Department of The
Secretary of State

To all whom these presents shall come, Greetings:

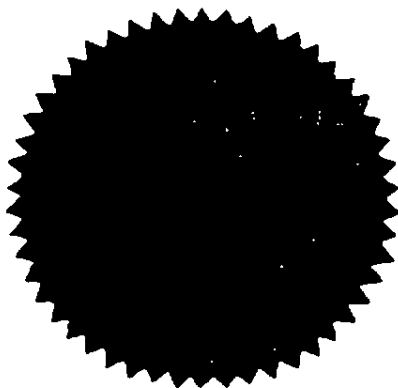
I, ELAINE F. MARSHALL, Secretary of State of the State of North Carolina, do hereby certify the following and hereto attached to be a true copy of

ARTICLES OF ORGANIZATION

OF

ARTEC IMAGING, LLC

the original of which was filed in this office on the 21st day of March, 2000.



IN WITNESS WHEREOF, I have hereunto
set my hand and affixed my official seal at the
City of Raleigh, this 21st day of March, 2000.

Elaine F. Marshall

Secretary of State

20 032 5093

STATE OF NORTH CAROLINA

Department of the Secretary of State

EIN: 0541775

SOSID: 0541775

Date Filed: 3/21/2000 2:40 PM

Elaine F. Marshall

North Carolina Secretary of State

**LIMITED LIABILITY COMPANY
ARTICLES OF ORGANIZATION**

Pursuant to Section 57C-2-20 of the General Statutes of North Carolina, the undersigned does hereby submit these Articles of Organization for the purpose of forming a limited liability company.

1. The name of the limited liability company is: Artec Imaging, LLC
2. The latest date on which the limited liability company is to dissolve is: July 31, 2059.
3. The names and address of each organizer executing these articles of organization is as follows:

Arthur J. Gaines, Jr. (Member)
15805 Kinlocke Drive
Huntersville, North Carolina 28078

Alme M. Gaines (Member)
15805 Kinlocke Drive
Huntersville, North Carolina 28078

4. The street address and county of the initial registered office of the limited liability company is:

Number and Street: 15805 Kinlocke Drive

City, State, Zip Code: Huntersville, North Carolina 28078 County: Mecklenburg

5. The mailing address if different from the street address of the initial registered office is: _____

6. The name of the initial registered agent is: Arthur J. Gaines, Jr.

7. Check on of the following:

X (i) Member-managed LLC: all of the members by virtue of their status as members shall be managers of this limited liability company.

_____ (ii) Manager-managed LLC: except as provided by N.C.G.S. Section 57C-3-20(a), the members of this limited liability company shall not be managers by virtue of their status as members.

8. Any other provisions which the limited liability company elects to include are attached.

9. These articles will be effective upon filing, unless a date and/or time is specified:

This the 21st day of January, 2000.

Arthur J. Gaines, Jr.
Signature

Arthur J. Gaines, Jr. Organizer & Member
Type or Print Name and Title

Aline M. Gaines
Signature

Aline M. Gaines, Organizer & Member
Type or Print Name and Title



LIMITED LIABILITY COMPANY ANNUAL REPORT

NAME OF LIMITED LIABILITY COMPANY ARTEC IMAGING, LLC

SECRETARY OF STATE ID NUMBER: 0541775 STATE OF FORMATION: NC

REPORT FOR THE YEAR: 2017

File Online Only
E-Filed Annual Report
0541775
CA201723700755
8/25/2017 04:40

SECTION A: REGISTERED AGENT'S INFORMATION

☐ Changes

1. NAME OF REGISTERED AGENT: Gaines, Arthur, Jr

2. SIGNATURE OF THE NEW REGISTERED AGENT:

SIGNATURE CONSTITUTES CONSENT TO THE APPOINTMENT

3. REGISTERED OFFICE STREET ADDRESS & COUNTY

4. REGISTERED OFFICE MAILING ADDRESS

18333 THE COMMONS BLVD

18333 THE COMMONS BLVD

CORNELIUS, NC 28031-7136 Mecklenburg Coun

CORNELIUS, NC 28031-7136

SECTION B: PRINCIPAL OFFICE INFORMATION

1. DESCRIPTION OF NATURE OF BUSINESS: Medical Equipment Sales & Service

2. PRINCIPAL OFFICE PHONE NUMBER: (704) 562-0970

3. PRINCIPAL OFFICE EMAIL: Privacy Redaction

4. PRINCIPAL OFFICE STREET ADDRESS & COUNTY

5. PRINCIPAL OFFICE MAILING ADDRESS

18333 THE COMMONS BLVD

18333 THE COMMONS BLVD

CORNELIUS, NC 28031-7136

CORNELIUS, NC 28031-7136

SECTION C: COMPANY OFFICIALS (Enter additional Company Officials in Section E.)

NAME ALINE GAINES

NAME ARTHUR GAINES

NAME: _____

TITLE Manager

TITLE Manager

TITLE: _____

ADDRESS: _____

ADDRESS _____

ADDRESS _____

18333 THE COMMONS BLVD

18333 THE COMMONS BLVD

CORNELIUS, NC 28031-7136

CORNELIUS, NC 28031-7136

SECTION D: CERTIFICATION OF ANNUAL REPORT. Section D must be completed in its entirety by a person/business entity

ALINE GAINES

8/25/2017

SIGNATURE

DATE

Form must be signed by a Company Official listed under Section C of this form

ALINE GAINES

Manager

Print or Type Name of Company Official

Print or Type Title of the Company Official

The Annual Report has been filed electronically.

MAIL TO: Secretary of State, Corporations Division, Post Office Box 29525, Raleigh, NC 27626-0525