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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations
Fax Number : (850)617-6381

From: Account Name : HUBCO
Account Number : 104662003400
Phone : (516)935-3940
Fax Number : (800)293-4075

****Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: cmmoche@gmail.com

RECEIVED
2018 MAY -1 PM 4:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
REGISTRATION SERVICES

FILED
18 MAY -1 AM 9:57
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
IEM RADIOLOGY, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 1 |
| Certified Copy | 0 |
| Page Count | 03 |
| Estimated Charge | \$130.00 |

MAY 02 2018
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

IEM RADIOLOGY, LLC

(Must end with 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:**6039 COLLINS AVENUE #1526
MIAMI BEACH, FLORIDA 33140-30336039 COLLINS AVENUE #1526
MIAMI BEACH, FLORIDA 33140-3033**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:

CHARLES MOCHE

Name

6039 COLLINS AVENUE #1526Florida street address (P.O. Box **NOT** acceptable)MIAMI BEACH

City

FL 33140-3033

Zip

FILED
18 MAY - 1 AM @ 57
SECRETARY 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.



Registered Agent's Signature (REQUIRED)

CHARLES MOCHE

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

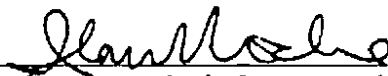
AMBR**Name and Address:**ILANA MOCHE CHESNER6039 COLLINS AVENUE #1526MIAMI BEACH, FLORIDA 33140-3033

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

ARTICLE VI: Other provisions, if any.

REQUIRED 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.)

ILANA MOCHE CHESNER

Typed or printed name of signee