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K. PAGE SEP 0 6 2018 SECRETARY OF STATE ALLAHASSEE. FLORIDA

SEP -L AM

COVER LETTER

	New Filing Section Division of Corporations	
SUBJECT:	PREMIERE RADIATION STAFFING SERVICES LLC.	
SOBJECT.	Name of Limited Liability Company	
The encloses	sed Articles of Organization and fee(s) are submitted for filing.	
Please return	urn all correspondence concerning this matter to the following:	
	MARIE BATACAN	
-	Name of Person	
_	N/A	
	Firm/Company	
<u>-</u>	4900 DEER LODGE RD	
	Address	
-	NEW PORT RICHEY, FL 34655	
	City/State and Zip Code marie1.batacan@yahoo.com	
_	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call;	
1	TONY SILVA 301 755-4799	
_	Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125 .00 Fili	Filing Fee \$130.00 Filing Fee & Certified Copy (additional copy is enclosed) S155.00 Filing Fee & Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	atus &
	Mailing Address Street Address New Filing Section New Filing Section Division of Corporations Division of Corporations P.O. Box 6327 Clifton Building Tallabasese FL 32314 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	PREMIERE	RADIATION S	SERVICES LLC.
(Must conta	in the words "Limited Lia	bility Company.	"L.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and street ad-	dress of the principal offic	e of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
4900 DEER LODGE RD		SAI	ME AS PRINCIPAL
	nt, Registered Office, & cannot serve as its own Re	gistered Agent.	nt's Signature: You must designate an individu
RTICLE III - Registered Ages The Limited Liability Company on nother business entity with an ac-	nt, Registered Office, & cannot serve as its own Restive Florida registration.)	egistered Agent.	nt's Signature: You must designate an individu
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RTICLE III - Registered Ages The Limited Liability Company on nother business entity with an ac-	nt, Registered Office, & cannot serve as its own Restive Florida registration.) ddress of the registered ag MARIE BATACAN A 4900 DEER LODGE F	egistered Agent. dent are: lame P.O. Box NOT a	You must designate an individu:

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)

THE SEP -4 AMII: S

FILED

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	MARIE BATACAN
AMBR	4900 DEER LODGE RD
	NEW PORT RICHEY EL 34655
	SECRETARY C
	FC 54 ≯7: //
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(Use attachment if necessary)	
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(Obe undermenent necessary)	
·	date of filing:(OPTIONAL)
CLE V: Effective date, if other than the d	late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days at
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CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days at
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.)	specific and cannot be more than five business days prior to or 90 days at ot meet the applicable statutory filing requirements, this date will not be liste
CLE V: Effective date, if other than the deffective date is listed, the date must be e of filing.) If the date inserted in this block does not be determined in the Department of the Department.	specific and cannot be more than five business days prior to or 90 days at ot meet the applicable statutory filing requirements, this date will not be liste
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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.

MARIE BATACAN

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)