

T 06176 From 1214700131 Date: 07/29/24 Time: 10:12 PM Page: 01/01  
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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

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

From:

Account Name : LEGALINC CORPORATE SERVICES INC.  
Account Number : 120180000011  
Phone : (844)386-0178  
Fax Number : (214)317-4754

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.**

**West Imaging Center, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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Corporate Filing Menu

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

West Imaging Center, LLC

### ARTICLE II - Address:

The street address of the principal office of the Limited Liability Company is:

99 West 49th Street  
Hialeah, FL 33012

The mailing address of the principal office of the Limited Liability Company is:

15508 SW 31st Lane  
Miami, FL 33185

### ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

The name and the Florida street address of the registered agent is:

Roland J. Grass

Name

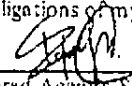
15508 SW 31st Lane

Florida Street address (P.O. Box NOT acceptable)

Miami, FL 33185

City, State, and 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 608.F.S.

  
Registered Agent's Signature

### ARTICLE IV - Management (Check box if applicable.)

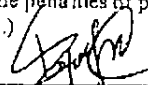
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

(In accordance with section 608.408(3), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Rolando J. Grass, Manager

Typed or printed name of signee

(In accordance with section 608.40(3), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

  
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

(In accordance with section 608.40(3), Florida Statutes the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

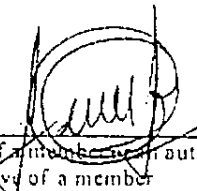
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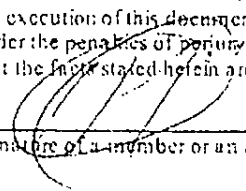
Walter H. Fernandez, Manager  
Typed or printed name of signee

(In accordance with section 608.40(3), Florida Statutes  
the execution of this document constitutes an affirmation  
under the penalties of perjury  
that the facts stated herein are true.)

Eduardo L. Rivera, Manager  
Typed or printed name of signee  
representative of a member

  
Signature of a member or an authorized  
representative of a member

(In accordance with section 608.40(3), Florida Statutes  
the execution of this document constitutes an affirmation  
under the penalties of perjury  
that the facts stated herein are true.)

  
Signature of a member or an authorized

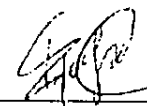
### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO  
DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:  
  
West Imaging Center, LLC
2. The name and the Florida Street address of the registered agent and office is:

Roland J. Grass  
Name  
15508 SW 31<sup>st</sup> Lane  
Florida Street address (P.O. Box NOT acceptable)  
Miami, FL 33135  
City, State, and 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 608, F.S.

  
(Signature)

2024  
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