

# L98000001744

CAPITOL SERVICES d/b/a  
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

100002634291--4  
-09/09/98--01001--012  
\*\*\*\*250.00 \*\*\*\*250.00

OFFICE USE ONLY

100002634291--4  
-09/09/98--01001--013  
\*\*\*\*\*35.00 \*\*\*\*\*35.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

100002634291--4  
-09/09/98--01001--014  
\*\*\*\*\*52.50 \*\*\*\*\*52.50

1. Nydlic Open MRI of America - Pensacola, L.C.  
(Corporation Name) (Document #)
2. \_\_\_\_\_  
(Corporation Name) (Document #)
3. \_\_\_\_\_  
(Corporation Name) (Document #)
4. \_\_\_\_\_  
(Corporation Name) (Document #)

☒ Walk in ☒ Pick up time 9/8 ☒ Certified Copy  
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

RECEIVED  
98 SEP - 8 PM 3:03  
DIVISION OF CORPORATION

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A., Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark

FILED  
98 SEP - 8 PM 3:48  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

DK 9/8/98

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP -8 PM 3:48

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

NYDIC OPEN MRI OF AMERICA - PENSACOLA, L.C.

**ARTICLE II - Address:**

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

801 Northeast 167th Street - Suite 300  
North Miami Beach, Florida 33162

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be:

Perpetual

**ARTICLE IV - Management:**

*(check and complete the appropriate statement)*

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/ are:

NYDIC Medical Ventures XV, L.L.C.  
NYDIC Ownership Corp.

Address for both:  
221 Grand Avenue, Suite 200  
Montvale, NJ 07645

**AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS**

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP -8 PM 3:48

The undersigned member or authorized representative of a member of NYDIC OPEN  
MRI OF AMERICA - PENSACOLA, L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 1,000
- 3) if any, the agreed value of property other than cash contributed by member(s) is  
\$ 0. A description of the property is attached and made a part hereto.
- 4) the total amount of cash or property anticipated to be contributed by member(s) is  
\$ 1,000. This total includes amounts from 2 and 3 above.

NYDIC MEDICAL VENTURES XV, L.L.C.



Signature of a member or authorized representative of a member.  
(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit  
constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**FILING FEE: \$ 250 for Articles of Organization and Affidavit**

**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 IN DESIGNATING THE REGISTERED OF-  
FICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
98 SEP 8 PM 3:48

1. The name of the limited liability company is: \_\_\_\_\_  
NYDIC OPEN MRI OF AMERICA - PENSACOLA, L.C.

2. The name and address of the registered agent and office is:

United Corporate Services, Inc.

(Name)

801 Northeast 167th Street - Suite 300

(P.O. Box not acceptable)

North Miami Beach, Florida 33162

(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.*



(Signature)



(Date)

**FILING FEE: \$ 35 for Designation of Registered Agent**