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Requester's Name	
5403 Ashton CT Address	- · ·
Sarassta, Fl 34233 City/State/Zip Phone #	
	Office Use Only
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Mail out NEW FILINGS	₩ill wait	AMENDMENTS	Certificate of Status U
Profit Not for Profit Limited Liabili Domestication Other	ity	Amendment Resignation of R.A., Offi Change of Registered Ag Dissolution/Withdrawal Merger	
OTHER FILINGS Annual Report Fictitious Nam		REGISTRATION/QUALIFI Foreign Limited Partnership Reinstatement Trademark Other	CATION

Examiner's Initials

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. <u>HORIZ</u>	Name of foreign limited liability company)	
2. <u>()eL</u> , (Jurisdiction und company is organ	AWARE 3. 59-3594308 der the law of which foreign limited liability (FEI number, if applicable) mized)	
4. <u>Joly</u> 0	Date of Organization) 5. PerpeTual (Duration: Year limited liability company will cease to exist or "perpetual")	
6	Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.)	
7. Home/54	103 AshTon CT SiTe/ CR	
<u>SA</u>	(Street address of principal office)	==
	bility company is a manager-managed company, check here	
). The name and	d usual business addresses of the managing members or managers are as follows:	
MAR	TIN J. KERN	
	3 AshTon CT	- :
SARA	4507A FL 34233	F.: .
the jurisdiction u translation of the	riginal certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ecertificate under oath of the translator must be submitted.) usiness or purposes to be conducted or promoted in Florida: OPEN MRI	n
	CENTER.	
	Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) MARTIN J. KERN Typed or printed name of signee	-

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: HORIZON ORLANDO TWO, LLC		·
2. The name and the Florida street address of the registered agent and office are:		
DANIEL BRANCH (Name)	00: JAN 2 SECRETAR TALLAHASS	
Florida street address (P.O. Box NOT ACCEPTABLE)	6 PM 3: Y OF STA1 EE, FLORI	
SARASOTA FL 34233 City/State/Zip	59 DA	ter. Le

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)

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

State of Delaware Office of the Secretary of State

PAGE 1

I, EDWARD J. FREEL, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "HORIZON ORLANDO TWO, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FOURTH DAY OF JANUARY, A.D. 2000.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "HORIZON ORLANDO TWO, LLC" WAS FORMED ON THE TWENTY-SIXTH DAY OF JULY, A.D. 1997.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE

NOT BEEN ASSESSED TO DATE.

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Edward J. Freel, Secretary of State

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AUTHENTICATION:

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DATE:

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