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T. CLINE JUN 1 1 2008 **EXAMINER**

COVER LETTER

Registration Section Division of Corporations

TO:

SUBJECT: Arista Imaging of Fort Myer	rs, LLC		
	ited Liability Company)		
The enclosed "Application by Foreign Limited Lia Florida," Certificate of Existence, and check are su liability company to transact business in Florida	• •		
Please return all correspondence concerning this m	natter to the following:	-	
John M. Wicker, Esq.			
(Na	nme of Person)		
Costello, Royston & Wicke	er, LLP		
(Fir	rm/Company)	_	
Post Office Drawer 60205	<u> </u>	2100 Set	
	(Address)	ZEGRETAR)	Table Street
Fort Myers, FL 33906	ري ۱۳۱		777
(City/St	ate and Zip Code)	S	A STATE OF
For further information concerning this matter, ple	ease call:	AMII: 33	
John M. Wicker, Esq.	at (239) 939-2222 x4265		
(Name of Person)	(Area Code & Daytime Telephone Nur	nber)	
MAILING ADDRESS: Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301		
Enclosed is a check for the following amount: \$\sum{1}\$125.00 Filing Fee \$\sum{1}\$\$\$\$ \$130.00 Filing Fee & Certificate of \$\sum{1}\$	\$155.00 Filing Fee & \$160.00 Filing Fee f Status Certified Copy of Status	e, Certifica & Certific	

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. Arista Imaging of Fort Myers, LLC	
(Name of Foreign Limited Liability Company; must include	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C.," "LLC.")	of transacting business in Florida and attach a copy of the written ate name. The alternate name must include "Limited Liability
_{2.} Texas	26-2282382
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
	Perpetual
(Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
6. Not Applicable	
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. to	ida, if prior to registration.) o determine penalty liability)
_{7.} 5318 Wesleyan Street, Num 150	
Houston, Texas 77005	
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed c	
9. The name and usual business addresses of the manag	ging members or managers are as follows:
Eric Stetenfeld	
5318 Wesleyan Street, Num 150	TATE ORIG
Houston, Texas 77005	»*
the jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under oath of the translator must be submi	tted.)
11. Nature of business or purposes to be conducted or p	promoted in Florida: 7317 and an idwidi basiness
EN COLOR OF THE STATE OF THE ST	
Signature of a member or an auth (In accordance with section 608.408(3), F.S an affirmation under the penalties of perjur	

Typed or printed name of signee

John M. Wicker, Esq.

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.

Arista Imaging of Fort Myers, LLC		
If name unavailable, the alternate name to be used in the state of Florida is:		
2. The name and the Florida street address of the registered agent and office are:		
John M. Wicker, P.A. (Name)		
12670 New Brittany Boulevard Florida Street Address (P.O. Box NOT ACCEPTABLE)	ZOOB V	ale no
Fort Myers, FL 33907 FL City/State/Zip	ZOOB JUN 10 SECRETARY (ALLAHASSEE	
Having been named as registered agent and to accept service of process for the above staliability company at the place designated in this certificate. I hereby accept the appointment		Ü

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, Florida Statutes.

(Signature)

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

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

CERTIFICATE OF FILING OF

ARISTA IMAGING OF FORT MYERS LLC File Number: 800960326

The undersigned, as Secretary of State of Texas, hereby certifies that a Certificate of Formation for the above named Domestic Limited Liability Company (LLC) has been received in this office and has been found to conform to the applicable provisions of law.

ACCORDINGLY, the undersigned, as Secretary of State, and by virtue of the authority vested in the secretary by law, hereby issues this certificate evidencing filing effective on the date shown below.

The issuance of this certificate does not authorize the use of a name in this state in violation of the rights of another under the federal Trademark Act of 1946, the Texas trademark law, the Assumed Business or Professional Name Act, or the common law.

Dated: 04/03/2008

Effective: 04/03/2008



Phil Wilson Secretary of State

Pholesleon