



Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H19000204577 3)))



H190002045773ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

2019 JUL -9 PM 4:14

APPROVAL
AND
FILED

19 JUL -9 AM 11:40

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

Email Address: _____

**LLC AMND/RESTATE/CORRECT OR M/MG RESIGN
ARISTA IMAGING OF N MIAMI LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$55.00

*****PLEASE PROVIDE THE
ORIGINAL SUBMISSION DATE
OF 7/3/2019*****

T GLASS

JUL 10 2019

Electronic Filing Menu

Corporate Filing Menu

Help



July 5, 2019

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ARISTA IMAGING OF N MIAMI LLC
PO BOX 1169
ROCKLAND, ME 04841

SUBJECT: ARISTA IMAGING OF N MIAMI LLC
REF: M09000002663

***PLEASE PROVIDE THE
ORIGINAL SUBMISSION DATE
OF 7/3/2019***

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Dionne M Scott
Regulatory Specialist II

FAX Aud. #: H19000204577
Letter Number: 719A00013558

APPROVED
AND
FILED

2019 JUL -9 PM 4:16

**APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY TO FILE
AMENDMENT TO CERTIFICATE OF AUTHORITY TO TRANSACT
BUSINESS IN FLORIDA**

SECTION I (1-4 must be completed)

1. Name of limited liability Company as it appears on the records of the Florida Department of
State: Arista Imaging of N Miami LLC

Enter new principal office address, if applicable: _____

(Principal office address
MUST BE A STREET ADDRESS)

Enter new mailing address, if applicable: _____

(Mailing address
MAY BE A POST OFFICE BOX)

2. The Florida document number of this limited liability company is: M09000002663

3. Jurisdiction of its organization: Texas

4. Date authorized to do business in Florida: 07/10/2009

SECTION II (5-9 complete only the applicable changes)

5. New name of the limited liability company: _____
(must contain "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must contain "Limited Liability Company," "L.L.C." or "LLC.")

6. If amending the registered agent and/or registered officer address on our records, enter the name of the new registered agent and/or the new registered office address here:

Name of New Registered Agent: _____

New Registered Office Address: _____

Enter Florida Street Address

_____, **Florida** _____
City Zip Code

New Registered Agent's Signature, if changing Registered Agent:

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 relative 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. Or, if this document is being filed to merely reflect a change in the registered office address, I hereby confirm that the limited liability company has been notified in writing of this change.

If Changing Registered Agent, Signature of New Registered Agent

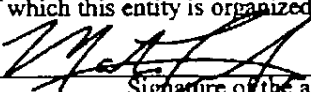
7. If the amendment changes the jurisdiction of organization, indicate new jurisdiction:

Delaware

8. If the amendment changes person, title or capacity in accordance with 605.0902 (1)(c), indicate that change:

<u>Title/ Capacity</u>	<u>Name</u>	<u>Address</u>	<u>Type of Action</u>
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove
			<input type="checkbox"/> Add
			<input type="checkbox"/> Remove

9. Attached is a certificate, if required: no more than 90 days old, evidencing the aforementioned amendment(s), duly authenticated by the official having custody of records in the jurisdiction under the law of which this entity is organized.



Signature of the authorized representative

Martin Farrell

Typed or printed name of signee

Filing Fee: \$25.00

Delaware

The First State

Page 1

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT THE ATTACHED IS A TRUE AND CORRECT COPY OF THE CERTIFICATE OF CONVERSION OF A TEXAS LIMITED LIABILITY COMPANY UNDER THE NAME OF "ARISTA IMAGING OF N MIAMI, LLC" TO A DELAWARE LIMITED LIABILITY COMPANY, FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2018, AT 3:41 O'CLOCK P.M.

APPROVED
AND
FILED

2019 JUL -9 PM 4:14



A handwritten signature in black ink, appearing to read "JBULLOCK", written over a horizontal line.

7214647 8100V
SR# 20195863427

Authentication: 203176643
Date: 07-09-19

You may verify this certificate online at corp.delaware.gov/authver.shtml

State of Delaware
Secretary of State
Division of Corporations
Delivered 03:01 PM 11/24/2018
FILED 03:41 PM 11/24/2018
SR 20180415916 - File Number 7214647

**STATE OF DELAWARE
CERTIFICATE OF CONVERSION
FROM A NON-DELAWARE LIMITED LIABILITY COMPANY TO
A DELAWARE LIMITED LIABILITY COMPANY PURSUANT TO
SECTION 18-214 OF THE LIMITED LIABILITY COMPANY ACT**

This Certificate of Conversion is submitted to convert Arista Imaging of N Miami, LLC, a Texas limited liability company (the "~~Non-Delaware LLC~~"), to Arista Imaging of N Miami, LLC, a Delaware limited liability company (the "~~Delaware LLC~~"), in accordance with Section 18-214 of the Delaware Limited Liability Company Act.

First: The jurisdiction where the Non-Delaware LLC was first formed is the State of Texas.

Second: The jurisdiction of the Non-Delaware LLC immediately prior to filing this Certificate of Conversion is the State of Texas.

Third: The Non-Delaware LLC was first formed on March 31, 2009.

Fourth: The name of the Non-Delaware LLC immediately prior to filing this Certificate of Conversion is Arista Imaging of N Miami, LLC, a Texas limited liability company.

Fifth: The name of the Delaware LLC as set forth in its Certificate of Formation is Arista Imaging of N Miami, LLC, a Delaware limited liability company.

In Witness Whereof, the undersigned has executed this Certificate of Conversion on the 29th day of December, 2018.

By:


Authorized Person

Name: Martin Farrell

APPROVED
AND
FILED

2019 JUL -9 PM 4:14

Delaware

Page 1

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY THE ATTACHED IS A TRUE AND CORRECT
COPY OF THE CERTIFICATE OF FORMATION OF "ARISTA IMAGING OF N
MIAMI, LLC", FILED IN THIS OFFICE ON THE TWENTY-EIGHTH DAY OF
DECEMBER, A.D. 2018, AT 3:41 O'CLOCK P.M.

APPROVED
AND
FILED

2019 JUL -9 PM 4:14



Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

7214647 8100
SR# 20195863427

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 203176644
Date: 07-09-19

State of Delaware
Secretary of State
Division of Corporations
Delivered: 03:41 PM 12/28/2018
FILED: 03:41 PM 12/28/2018
SR: 20180715916 - File Number: 1214647

**STATE of DELAWARE
LIMITED LIABILITY COMPANY
CERTIFICATE of FORMATION**

First: The name of the limited liability company is Arista Imaging of N Miami, LLC.

Second: The address of its registered office in the State of Delaware is 1675 South State Street, Suite B, Dover, Delaware 19901, Kent County. The name of its registered agent at such address is Capitol Services, Inc.

In Witness Whereof, the undersigned has executed this Certificate of Formation this 29th day of December, 2018.

By: 

Authorized Person

Name: Martin J. Farrell

APPROVED
AND
FILED
2019 JUL -9 PM 4:14