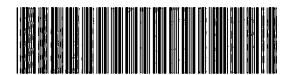
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(Requestor's Name)				
(Address)				
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(Address)				
(City/State/Zip/Phone #)				
<u> </u>				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Busiless Entry Name)				
(Document Number)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				
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Office Use Only



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2010 JUN 11, AN III: 10
SECRETARY OF STATE
AND ANASSEF, FLORIDA

T. CLINE

JUN 15 2010

**EXAMINER** 

### **COVER LETTER**

CUDIECT.	Turnkey Imaging Suites, LLC		
SUBJECT:	Name of Limited Liability Company		
Existence, and c	application by Foreign Limited Liability Company for Authorization to Transact Business in Flor heck are submitted to register the above referenced foreign limited liability company to transact li	ida," Cert ousiness i	ificate of n Florida
Please return all	correspondence concerning this matter to the following:		
	Kathy Redyk		
	Name of Person	_	
	API Processing		
	Firm/Company	_	
	3419 Galt Ocean Drive, Suite A		
	Address	_	
	Ft. Lauderdale, FL 33309	2010 JUN 14	
	City/State and Zip Code	A PER	
	kathy@apiprocessing.com	2	T was now
	F-mail address: (to be used for future annual report notification)		1
For further infor	mation concerning this matter, please call:	ME STATE	Town or the second
	Kathy Redyk <u>at (</u> 954 ) 567-0013	_	
	Name of Person Area Code & Daytime Telephone Number		
Divisio Registr P.O. Bo	STREET ADDRESS: on of Corporations ation Section Division of Corporations Registration Section Clifton Building Sessee, FL 32314 Clifton Building Clifton Build		
Enclosed is a	check for the following amount:		
<b>\$125</b>	5.00 Filing Fee \$\sum \text{\$130.00 Filing Fee & Dertificate of Status}\$\sum \text{Certified Copy}\$\$\$ \$160.00 Filing Fee & Certified Copy of Status & Certified Copy}\$\$\$		

## 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: Tumkey Imaging Suites, LLC (Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (If name ungvailable, 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 include "Limited Liability Company," "L.L.C," "LLC.") Tennessee 27-2416506 2. (Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) company is organized) 4-28-10 Perpetual (Duration: Year limited liability company will cease to (Date of Organization) exist or "perpetual") 6. Upon Licensure (Date first transacted business in Florida, if prior to registration. (See sections 608.501 & 608.502 F.S. to determine penalty liability) 7. 7554 Maynardville Pike, Suite 103 Knoxville, TN 37938 (Street Address of Principal Office) 8. If limited liability company is a manager-managed company, check here | 9. The name and usual business addresses of the managing members or managers are as follows: Ivan Scott Cantrell, Managing Member 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under outh of the translator must be submitted.) 11. Nature of business or purposes to be conducted or promoted in Florida: General Contractor 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.)

Managing Member
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:	
Turnkey Imaging Suites, LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:  Sheila Adams (Name)	2010 JUN 14 SECRETAR TALLAHASS
5624 Sawgrass Rpad  Florida Street Address (P.O. Box NOT ACCEPTABLE)	2010 JUN 14 AM N: 10 SECRETARY OF STATE TALLAHASSEE. FLORID
Sarasota, FL 34232 City/State/Zip	ATE DRIDA

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, Florida Statutes.

V Sheila Odams
(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 TENNESSEE Tre Hargett, Secretary of State

Division of Business Services 312 Rosa L. Parks Avenue 6th Floor, William R. Snodgrass Tower Nashville, TN 37243

**API PROCESSING** 

3419 GALT OCEAN DR **SUITE A** FT LAUDERDALE, FL 33309 May 25, 2010

Request Type: No Fee Certificate of Existence/Authorization

Request #:

0014408

Issuance Date: 05/25/2010

Copies Requested:

**Document Receipt** 

Receipt #: -

Filing Fee:

Regarding:

**Turnkey Imaging Suites, LLC** 

Filing Type:

Limited Liability Company - Domestic

Charter/Qualification Date: 04/28/2010

Status:

Active

Duration Term: Perpetual

Control #:

630137

Date Formed:

04/28/2010

Formation Locale: Knox County

Inactive Date:

#### CERTIFICATE OF EXISTENCE

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

#### Turnkey Imaging Suites, LLC

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business:
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.

Tre Hargett, Secretary of State **Business Services Division** 

Processed By: Sheila Keeling