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(Re	equestor's Name)			
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FILED SEGRETARY OF STATE DIVISION OF CORPORATIONS

MAY 02 2014 J. HARRIS

COVER LETTER *

IECT: BELLASTONE IMAGIF	Name of Limit	ted Liability Con	npany		
enclosed "Application by Foreign Limi ence, and check are submitted to regist	ted Liability Compa er the above refere	any for Authoriz need foreign lim	ation to Ti ited liabili	ransact Business in Florida. ty company to transact busin	' Certifica ness in Fl
e return all correspondence concerning	this matter to the f	following:			
DANIEL STILLING					
	Nan	ne of Person	- 1		
	Fire	n/Company			
10524 MOSS PARK	······································	204-227 Address			
		Address			
ORLANDO, FL 328		1 781 21 1			
	City/Stal	te and Zip Code			
KEYMEDIC@GMAII	L.COM dress: (to be used I	· - 6222-1			
		or mure amuar	report noi	incation)	
orther information concerning this matt	er, please call:				
DANIEL STILLING		_{at (} 213	, 840-4	4525 me Telephone Number	
Name of Person		Area Code	Dayti	me Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327	Division	TADDRESS: of Corporations ion Section suilding			
Tallahassee, FL 32314	2661 Exe	contive Center Ci see, FL 32301	rele		
osed is a check for the following					
-	00 Filing Fee & icate of Status	□ \$155.00 Filid Certified Co		■ \$160.00 Filing Fee, Co of Status & Certified 0	



February 21, 2014

DANIEL STILLING 10524 MOSS PARK RD, SUITE 204-227 ORLANDO, FL 32832

SUBJECT: BELLASTONE IMAGING LLC

Ref. Number: W14000011607

We have received your document for BELLASTONE IMAGING LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

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) 245-6951.

JENNA D HARRIS Regulatory Specialist II

Letter Number: 814A00003981

BIVISION OF CORPERATIONS

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign Limited Liability Company; must include "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 consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited I Company," "L.L.C." "LL.C."	
2. NEW MEXICO 3.	
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)	
_{1.} NA	
(Date first transacted business in Florida, if prior to registration.) (See sections 605,0904 & 605,0905, F.S. to determine penalty liability)	
10524 MOSS PARK RD., SUITE 204-227	
ORLANDO, FLORIDA 32832	
(Street Address of Principal Office)	<u> </u>
5. 10524 MOSS PARK RD., SUITE 204-227	
ORLANDO, FLORIDA 32832	
(Mailing Address)	
7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are DANIEL STILLING - 10524 MOSS PARK RD., STE 204-227, ORLANDO, FL 328	332
3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign languarisation of the certificate under outh of the translator must be submitted.)	
Signature of an authorized person (In accordance with section 605,0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817,155, F.S. DANIEL STILLING — Manage ()	14 MAY -2
Typed or printed name of signee	PH

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ONE IMAGING LLC	mpany is:			
lf unavailabl	le, the alternate to be used in	the state of Florida is:			
2. The name	and the Florida street addre	ss of the registered agent and office are:			
	DANIEL STILLING				
		(Name)			
	10524 MOSS PARK F	RD. STE 204-227			
	Florida Street Address (P.O. Box NOT ACCEPTABLE)				
	ORLANDO	FL 32832			
		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 as provided for in Chapter 605, Florida Statutes.

(Signature)

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

OFFICE OF THE SECRETARY OF STATE NEW MEXICO

Certificate of Good Standing and Compliance

IT IS HEREBY CERTIFIED THAT:

BELLASTONE IMAGING LLC 4131975

An organization organized under the laws of New Mexico is duly authorized to transact business in New Mexico, as a Domestic Limited Liability Company, under the

Limited Liability Company Act - (53-19-1 To 53-19-74 NMSA 1978)

having filed its Articles Of Organization on February 4, 2009 and Certificate Of Organization issued as of said date.

It is further certified that the fees due the Office of the Secretary of State which have been assessed against the above named entity, have been paid to date and is in corporate good standing and duly authorized to transact business as its corporate existence has not been revoked in New Mexico. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entities financial condition or business activities and practices.

This good standing status expires when existence ceases as provided by law.

Certificate issued on January 13, 2014

In testimony whereof, the Office of the Secretary of State has caused this certificate to be signed on this day in the city of Santa Fe, and the seal of said office to be affixed hereto.

Dianna J. Duran Secretary of State