

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000025287  
FILED 8:00 AM  
March 16, 2009  
Sec. Of State  
Isellers

**Article I**

The name of the Limited Liability Company is:

T & T CLAIMS SERVICES HME / DME BILLING, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:

3651 TURTLE RUN BLVD  
821  
CORAL SPRINGS, FL. US 33067

The mailing address of the Limited Liability Company is:

PO BOX 670452  
CORAL SPRINGS, FL. US 33067

**Article III**

The purpose for which this Limited Liability Company is organized is:

HEALTHCARE BILLING

**Article IV**

The name and Florida street address of the registered agent is:

TREPHENE C BROWN  
3651 TURTLE RUN BLVD  
821  
CORAL SPRINGS, FL. 33067

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.

Registered Agent Signature: TREPHENE BROWN

## **Article V**

The name and address of managing members/managers are:

Title: MGRM  
TREPHENE C BROWN  
PO BOX 670452  
CORAL SPRINGS, FL. 33067

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Signature of member or an authorized representative of a member

Signature: TREPHENE BROWN