

LO10000019207

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

October 21, 2001

Melissa R. Lewicki  
15 Pecan Loop  
Ocala, FL 34472  
(352)-687-0974

00789-00003-000071

11/7

100004650061--6  
-10/23/01--01054--002  
\*\*\*\*125.00 \*\*\*\*125.00

RE: ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY

W01-24748

Dear Sir or Madam:

Attached are Articles of Organization for Florida Limited Liability Company and a check  
for \$125.00. The check is for the Filing Fee and Designation of Registered Agent.

Sincerely,

Melissa R. Lewicki

Melissa R. Lewicki

FILED  
OCT 27 - 7 PM 2:37  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

October 25, 2001

MELISSA R. LEWICKI  
15 PECAN LOOP  
OCALA, FL 34472

SUBJECT: M.J. MEDICAL BILLING SERVICE, LLC  
Ref. Number: W01000024768

We have received your document for M.J. MEDICAL BILLING SERVICE, 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):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

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) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 001A00058776

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED  
LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**M.J. Medical Billing Service, LLC**

**ARTICLE II - Address:**

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

**15 Pecan Loop  
Ocala, FL 34472**

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's  
Signature:**


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

**Melissa R. Lewicki**  
Name

**15 Pecan Loop**  
Florida street address (P.O. Box NOT acceptable)

**Ocala, FL 34472**  
City, State, and 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 608, F.S.*

  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 NOV - 7 PM 2:37

FILED

**Article IV - Management (Check box if applicable.)**

- ☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

Melissa Lewicki

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Melissa Lewicki

Typed or printed name of signee