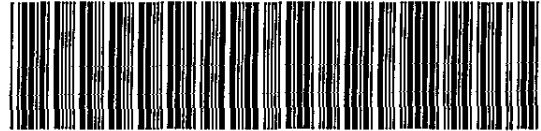


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02 DEC 12 PM 3:33

CLERK OF STATE
TALLAHASSEE, FLORIDA



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W02-31323

AL

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Document Number)

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Jim Smith
Secretary of State

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 31, 2002

RAYMOND E. PELOQUIN
935 LUNDY DR.
TITUSVILLE, FL 32796

SUBJECT: MEDICAL REVENUE ENHANCEMENT PROFESSIONALS LLC
Ref. Number: W02000031323

We have received your document for MEDICAL REVENUE ENHANCEMENT PROFESSIONALS 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):

The attached form must be completed in order to file the document.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 902A00059830



FLORIDA DEPARTMENT OF STATE

Jim Smith
Secretary of State

FILED
02 DEC 12 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

November 20, 2002

RAYMOND E. PELOQUIN
935 LUNDY DR.
TITUSVILLE, FL 32796

SUBJECT: MEDICAL REVENUE ENHANCEMENT PROFESSIONALS LLC
Ref. Number: W02000031323

We have received your document for MEDICAL REVENUE ENHANCEMENT PROFESSIONALS 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):

A business entity may not serve as its own registered agent. Please designate an individual or another business entity with an active registration or filing with this office, having a Florida street address identical with that of the registered office.

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) 245-6094.

Agnes Lunt
Document Specialist

Letter Number: 902A00062817

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
02 DEC 12 PM 3:33
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Medical Revenue Enhancement Professionals, LLC

ARTICLE II - Address:

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

935 Lundy Dr. Titusville, Florida 32796

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

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

Raymond E. Pelouin
Name

935 Lundy Dr.

Florida street address (P.O. Box NOT acceptable)

Titusville FL 32796
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.

Raymond E. Pelouin
Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Raymond E. Pelouin
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.)

Raymond E. Pelouin
Typed or printed name of signee

Filing Fees:

- \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)