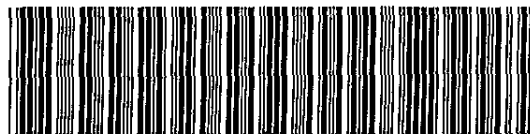


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Network Billing Solutions, LLC  
36733 Eustis Sand Co. Rd.  
Eustis, Florida 32673



300015023993

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

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(Business Entity Name)

(Document Number)

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J. BRYAN APR - 3 2003

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:  
Network Billing Solutions, LLC

## ARTICLE II - Address:

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

36733 Eustis Sand Company Road  
Eustis, Florida ~~32673~~ 32736-9378

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

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

James L. Tucker

Name

36733 Eustis Sand Company Road

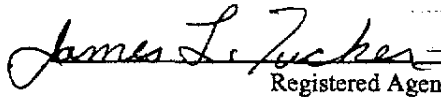
Florida street address (P.O. Box **NOT** acceptable)

Eustis, ~~Florida 32673~~ FL 32736-9378


City, State, and Zip

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TALLAHASSEE, FLORIDA

*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

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

  
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.)

Debra J. Tucker

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)