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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : USA CORPORATE SERVICES INC.

Account Number : I20000000220 Phone (800)891-7432 Fax Number : (518)433-1489

LIMITED LIABILITY COMPANY

THE BILLING DEPARTMENT LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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Corporate Filings

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ARTICLES OF ORGANIZATION OF

THE BILLING DEPARTMENT LLC

Pursuant to section 608.407, Florida Statutes

- 1. The name of the Limited Liability company is: THE BILLING DEPARTMENT LLC
- 2. The mailing address and street address of the principal office of the Limited Liability Company is:

7701 TIMBERLIN PARK BLVD., APT. 627, JACKSONVILLE, FL 32256

3. The name and address of the registered agent is as follows:

MICHELLE LOPER, 7701 TIMBERLIN PARK BLVD., APT. 627, JACKSONVILLE, FL 32256

- 3. The period of duration for the Limited Liability Company shall be perpetual.
- 4. The Limited Liability Company is to be managed by members and the name(s) and address(s) of such members are as follows:

MICHELLE LOPER, 7701 TIMBERLIN PARK BLVD., APT. 627, JACKSONVILLE, FL 32256

In Witness Whereof, in accordance with section 608.408(3), Florida Statutes, the execution of this document constitute an affirmation under the penalties of perjury that the facts stated herein are true this day 9th day of May 2003.

Frank/Orlando

Authorized Representative

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Acceptance of Appointment as Registered Agent

THE BILLING DEPARTMENT LLC

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 am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S

Dated: May 9, 2003

Michelle Loper Registered Agent

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