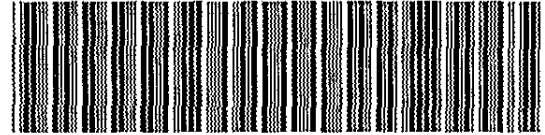


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TALLAHASSEE, FLORIDA



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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Business Solution, Inc.

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41 Phillips Ave  
Ponte Vedra Beach, FL 32082  
(904) 285-9870 Ph  
(904) 285-4066 Fax  
Email: [medbinc@aol.com](mailto:medbinc@aol.com)

STATE  
TALLAHASSEE, FLORIDA

September 25, 2003

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Dear Sir or Madam,

Enclosed please find Articles of Organization for Florida Limited Liability Company. My contact information is listed above.

Sincerely,

Peter Laliberte  
President

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

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**ARTICLE I - Name:**

The name of the Limited Liability Company is: MEDICAL BUSINESS SOLUTIONS, LLC

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STATE  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address:**

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

**Principal Office Address:**

103 Solano Rd  
Suite A  
Ponte Vedra, FL 32082

**Mailing Address:**

41 PHILLIPS AVE  
PONTE VEDRA BEACH, FL 32082

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

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

Peter J. Laliberte  
Name  
41 PHILLIPS AVE  
Florida street address (P.O. Box **NOT** acceptable)  
Ponte Vedra FL 32082  
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

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGRM

Peter J. Laliberte  
41 Phillips Ave  
Ponte Vedra Beach, FL 32082

MGRM

Toni L. Laliberte  
41 Phillips Ave  
Ponte Vedra Beach, FL 32082

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_  
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.)

Peter J. Laliberte  
\_\_\_\_\_  
Typed or printed name of signer

**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)**

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ALLAHASSEE, FL