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CLERK OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

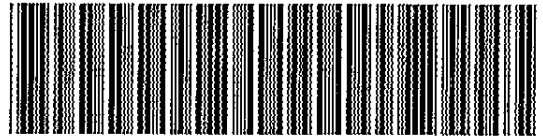
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 24, 2003

Secretary of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

Re: **Practice Management Solutions, LLC**

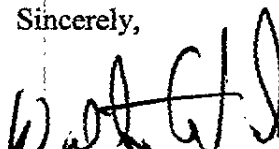
Ladies and Gentlemen:

Enclosed is an original and one copy of the Articles of Organization for Practice Management Solutions, LLC together with a check in the amount of \$155.00. This check represents payment for the following costs of the LLC:

Filing Fees	\$100.00
Certified Copy	30.00
Registered Agent	<u>25.00</u>
	\$155.00

Please file the enclosed Articles of Organization and return the certified copy to the undersigned in the prepaid envelope provided.

Sincerely,


Walter Arnold

Enclosures

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

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CLERK OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name

The name of the Limited Liability Company is:

Practice Management Solutions, LLC

ARTICLE II - Address

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

Mailing and Street Address 600 Cypress Green Circle
Wellington, Fl. 33414
Attn: Walter Arnold, Manager

ARTICLE III - Registered Agent and Office

The name and the Florida street address of the initial registered agent of the Limited Liability Company are:

Registered Agent:	Walter Arnold
Street Address	600 Cypress Green Circle Wellington, Fl 33414

ARTICLE IV - Management

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

Date: October 24, 2003

Practice Management Solutions, LLC,
a Florida limited liability company

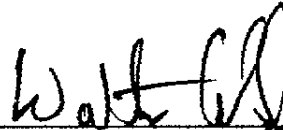
By: 
Walter Arnold, Manager

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

REGISTERED AGENT ACCEPTANCE

FILED

Having been named to accept service of process for the above stated limited liability company at the address designated in this certificate pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned hereby agrees to act in this capacity, and further agrees to comply with the provisions of all statutes relative to the proper and complete discharge of its duties.



Name: Walter Arnold

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)