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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

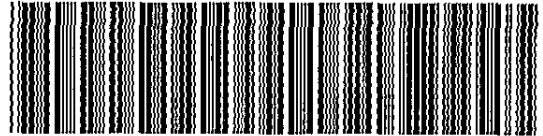
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Worksmart MD Billing, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Meyer
(Name of Person)

Worksmart MD, Inc.
(Firm/Company)

Po Box 731406
(Address)

Ormond Beach, FL 32173
(City/State and Zip Code)

For further information concerning this matter, please call:

Meyer at 386, 451-4469
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

Article I – Name:

The name of the limited liability company is WorkSmart MD Billing, LLC.

Article II – Address:

The location of the principal place of business of the Company shall be:

1770 Technology Blvd
Daytona Beach, FL 32114

The primary mailing address of the Company shall be:

PO Box 731406
Ormond Beach, FL 32173

Article III: Registered Agent

The address of its registered office in the state of Florida is 648 S. Ridgewood Avenue in the City of Daytona Beach. The name of its registered agent at such address is John C. Revis.

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, Florida Statutes.



Registered Agent's Signature

Article IV: Manager(s) or Managing Member(s)

Title:

Managing Member (MGRM)


Name and Address:

WorkSmart MD, Inc.
555 W. Granada Boulevard, Suite 24
Ormond Beach, FL 32174

Managing Member (MGRM)

Marilou Castro, 2143 Candleridge Ct.,
Oviedo, FL 32765

REQUIRED SIGNATURE:



M. Jayson Meyer
Signature of member representative

(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.)

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