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04 MAR 12 AM 11:47
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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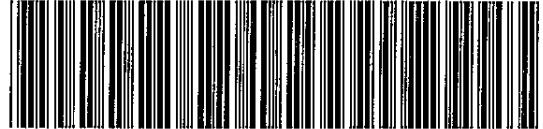
(Business Entity Name)

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TRANSMITTAL LETTER

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TO: Registration Section
Division of Corporations

04 MAR 12 AM 11:47

SUBJECT: MED-PRO Billing Solutions, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Patricia B. Duncan
(Name of Person)

MED-PRO Billing Solutions, LLC
(Firm/Company)

1626 Pebble Beach Blvd.
(Address)

Green Cove Springs, FL 32043
(City/State and Zip Code)

For further information concerning this matter, please call:

Patricia B. Duncan at (904) 529-4676
(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**

FILED

04 MAR 12 AM 11:47

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MED-PRO Billing Solutions, LLC

ARTICLE II - Address:

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

Principal Office Address:

1626 Pebble Beach Blvd.

Green Cove Springs, FL 32043

Mailing Address:

1626 Pebble Beach Blvd.

Green Cove Springs, FL 32043

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

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

Patricia B. Duncan

Name

1626 Pebble Beach Blvd.

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

Green Cove Springs, FLORIDA 32043

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, Florida Statutes..

Patricia B. Duncan

Registered Agent's Signature

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04 MAR 12 AM 11:47

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

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Patricia B. Duncan

1626 Pebble Beach Blvd.

Green Cove Springs, FL 32043

MGRM

Patricia B. Duncan

1626 Pebble Beach Blvd.

Green Cove Springs, FL 32043

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Patricia B. Duncan
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.)

Patricia B. Duncan

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)

\$160.00

CR# 1359