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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (877) 527-3463  
Fax Number : (305) 675-2811

**LIMITED LIABILITY COMPANY**

**Emedical Billing Solutions LLC**

Certificate of Status	0
Certified Copy	0
Page Count	023
Estimated Charge	\$125.00

Name Availability	RECEIVED	04 AUG 13 PM 3:38	DIVISION OF CORPORATION
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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I: NAME**

The name of the Limited Liability Company is:

Emedical Billing Solutions LLC

**ARTICLE II: Address**

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

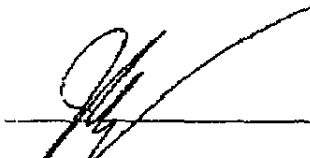
6649 Forset Hill Blvd.  
West Palm Beach, FL 33413

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE**

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

JEFF LEE SR.  
10121 CALUMET LANE  
LAKE WORTH, FL 33467

Having been named as registered agent 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.

  
A handwritten signature in black ink, appearing to read 'Jeff Lee Sr.', is written over a horizontal line.

JEFF LEE SR. / Agent's Signature

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**ARTICLE IV: MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V: MEMBERS (optional)**

MANAGING MEMBER:

JEFF LEE SR.

10121 CALUMET LANE

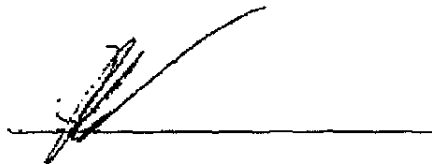
LAKE WORTH, FL 33467

MANAGING MEMBER:

JEFFREY LEE JR

1205 HATTERAS CIRCLE

WEST PALM BEACH, FL 33413



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.)

JEFF LEE SR.

Typed or printed name of signee

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