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(Re	equestor's Name)	
(Ac	ddress)	
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PICK-UP	☐ WAIT	MAIL.
(Business Entity Name)		
(Document Number)		
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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Fast	Coast Transcriptions, LL Tame of Limited Liability Company)	<u>_</u> C
The enclosed Articles of Organization a	and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:		
Kim!	berly Halbert (Name of Person)	
East (Coast Transcriptions, LL	<u>C</u>
900	1 Fostoria Dr (Address)	
	Me Vourne, FL 32940 (City/State and Zip Code)	
For further information concerning this	matter, please call:	
	ner + at (321) 536-8291 (Area Code & Daytime Telephone Number)	04 1:09
Enclosed is a check for the following	g amount:	
☐ \$125.00 Filing Fee ☐ \$130.00 F Certificate of		atus & 🚍
STREET ADDRESS: Registration Section Division of Corporatio 409 E. Gaines Street Tallahassee, Florida 33	Registration Section Ons Division of Corporations P.O. Box 6327	O1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
East Coast Transcriptions, LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
904 Fostoria Dr 904 Fostoria Dr Melbourne, FL 32940 Melbourne, FL 32940
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Kimberly Halbert
Florida street address (P.O. Box NOT acceptable)
Melbourne, FL 32940 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)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Kimberly Halbert 904 Fostoria Dr Melbourne, FL 32940
(Use attachment if necessary)	
NOTE: An additional article must be REQUIRED SIGNATURE:	added if an effective date is requested.
(In accordance with section of this document constitute that the facts stated herei	an authorized representative of a member. 1 608.408(3), Florida Statutes, the execution is an affirmation under the penalties of perjury in are true.) 14 Halbert or printed name of signee
Typed Filing Fees:	or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)