

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

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Sec. Of State  
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**Article I**

The name of the Limited Liability Company is:  
HOPPEN MEDICAL BILLING SERVICES LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
5210 SAND TRAP PLACE  
VALRICO, FL. 33594

The mailing address of the Limited Liability Company is:  
5210 SAND TRAP PLACE  
VALRICO, FL. 33594

**Article III**

The purpose for which this Limited Liability Company is organized is:  
ANY AND ALL LAWFUL BUSINESS.

**Article IV**

The name and Florida street address of the registered agent is:  
JULIE B HOPPEN  
5210 SAND TRAP PLACE  
VALRICO, FL. 33594

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.

Registered Agent Signature: JULIE B. HOPPEN

Signature of member or an authorized representative of a member

Signature: JULIE B. HOPPEN