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ON OF CHARGANION TALLAHASSEE, FLORID

15 MAR | 6 PM 3:

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	,	
SUBJECT: Advanced Char	L Reciseus, d Liability Company)	22
The enclosed Articles of Organization and fee(s) are so	ubmitted for filing.	
Please return all correspondence concerning this matte	r to the following:	
Park	C Browne Name of Person)	
·	•	
Adioneal	Chart Review	> LLC
(1	Firm/Company)	
10645 Va.	Partine Rel Sou	H
	(Address)	05 ACE:
Tollaharae	Firm/Company) For firm/Company) For firm Reviews For for for Social Social State and Zip Code) State and Zip Code) call: at (850) \$45- (Area Code & Daytime Tele	AHAR 16
(City/	State and Zip Code)	F. 2
For further information concerning this matter, please of	call:	3: 0: 3: 0:
Name of Person)	at (850) 545- (Area Code & Daytime Tele	6651
	•	,
Enclosed is a check for the following amount:		
□ \$125.00 Filing Fee □ \$130.00 Filing Fee & Certificate of Status	(additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS:	MAILING AD	
Registration Section Division of Corporations 409 E. Gaines Street	Registration Sec Division of Con P.O. Box 6327	

Tallahassee, Florida 32399

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:
Advanced Chart Reviews 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:
10649 Volentine Rd S.	10645 Voluntine Rel 5
Takehance, F1 32317	Tallahuseec, Fl 32317

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

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

ARTICLE I - Name:

_ David L Browne	TALL OS
Name	HAR TH
10645 Valentive Rd S	ANS.
Florida street address (P.O. Box NOT acceptable)	E 2 17
Talloharace FL 323/7	ت بي ت
City, State, and Zip	09
	O

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

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

<u>Title:</u> "MGR" = Manag		
"MGRM" = Man	aging Member Paril L foresure 10645 Vafortine Rel 5 Tallahanger, F(323/7	
MGRM	10645 Volontine Rd 5 Talleheaux, Fl 32317	
(Use attachment	if necessary)	
NOTE: An add	itional article must be added if an effective date is requested.	71
REQUIRED SIG	Signature of a member or an authorized representative of a member 9	
	Signature of a member or an authorized representative of a member ?	7.5
	(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.)	
	Typed or printed name of signee	
	Typed or printed name of signee	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)