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LAZARUS CORPORATE FILING SERVICE

05 NG 9 PM 2: 59 3320 SW 87TH AVENUE MIAMI, FL 33165 (305) 552-5973 Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): (Corporation Name) (Document #) (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time 2.06 Walk in Certified Copy Mail out ☐ Will wait Photocopy Certificate of Status **NEW FILINGS AMENDMENTS** Profit Amendment Not for Profit Resignation of R.A., Officer/Director Limited Liability Change of Registered Agent Domestication Dissolution/Withdrawal Other Merger OTHER FILINGS REGISTRATION/QUALIFICATION Annual Report Limited Partnership ☐ Fictitious Name Reinstatement Trademark Other

Examiner's Initials

CR2E031(7/97)

ARTICLES OF ORGANIZATION **FOR** FLORIDA LIMITED LIABILITY COMPANY

ARTICLES OF ORG FOR	ANIZATION PLANIZATION
FLORIDA LIMITED LIAB	BILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	TORON SS
A & E BILLING SERVICES LLC	
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15760 S.W. 69TH LANE	SAME
MIAMI, FL 33193	
ARTICLE III - Registered Agent, Registered Off The name and the Florida street address of the regist	
EMILIO FERNANDEZ	

Name 300 S.W. 107TH AVENUE # 213 Florida street address (P.O. Box NOT acceptable)

FLORIDA 33174 MIAMI 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 provide for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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	Name and Address:
"MGRM" = Managing Member	
"MGR"	EMILIO FERNANDEZ
	300 S.W. 107TH AVENUE
	MIAMI, FL 33174
"MGRM"	ADRIA LLANES
Holas	15760 S.W. 69TH LANE
	MIAMI, FL 33193
(Use attachment if necessary)	
NOTE: An additional article mu	ist be added if an effective date is requested.
DECLIDED CICNATURE	
REQUIRED SIGNATURE:	\cap
مدكر الحن	naresto /_
Signature of a member o	r an authorized representative of a member.
(In accordance with section	on 608.408(3), Florida Statutes, the execution
of this document constitut that the facts stated herein	es an affirmation under the penalties of perjury
EMILIO FERNANI	
Турес	d or printed name of signee