

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

L06000030993  
FILED 8:00 AM  
March 24, 2006  
Sec. Of State  
dbruce

**Article I**

The name of the Limited Liability Company is:  
MY CREDIT MEDIC, LLC

**Article II**

The street address of the principal office of the Limited Liability Company is:  
7765 LAKE WORTH RD  
303  
LAKE WORTH, FL. 33464

The mailing address of the Limited Liability Company is:  
7765 LAKE WORTH RD  
303  
LAKE WORTH, FL. 33464

**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:  
CHRISTINE MILLER  
7765 LAKE WORTH RD  
303  
LAKE WORTH, FL. 33467

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: CHRISTINE MILLER

### **Article V**

The name and address of managing members/managers are:

Title: MGRM  
CHRISTINE MILLER  
7765 LAKE WORTH RD #303  
LAKE WORTH, FL. 33467

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### **Article VI**

The effective date for this Limited Liability Company shall be:

03/23/2006

Signature of member or an authorized representative of a member

Signature: CHRISTINE MILLER