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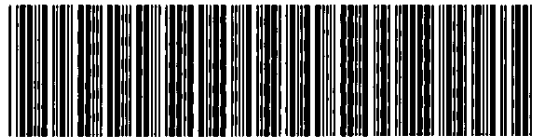
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CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 219856 80457A

AUTHORIZATION :

COST LIMIT : \$125.00

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TALLAHASSEE, FLORIDA

ORDER DATE : June 30, 2006

ORDER TIME : 2:32 PM

ORDER NO. : 219856-005

CUSTOMER NO: 80457A

DOMESTIC FILING

NAME: SELF PAY RECOVERY SOLUTIONS,
L.L.C.

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
OF
SELF PAY RECOVERY SOLUTIONS, L.L.C.
"Limited Liability Company"

2006 JUN 30 AM 9:14
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned members hereby form this Limited Liability Company (hereinafter referred to as "this company") under the provisions of the Florida Limited Liability Company Act, Chapter 608, Florida Statutes (1997), and adopt as the Articles Of Organization of such Limited Liability Company the following:

ARTICLE I

NAME

The name of the Limited Liability Company is:

SELF PAY RECOVERY SOLUTIONS, L.L.C.

ARTICLE II

TERM OF EXISTENCE

The period of existence of this company is perpetual. The date and time at which the existence of this company begins is the date and time of filing of these Articles of Organization by the Florida Department of State.

ARTICLE III

PURPOSE

The purpose for which this company is organized is to engage in any or all lawful acts or activities in which Limited Liability Companies may engage under the Florida Limited Liability Company Act or under the laws of any other jurisdictions in which this company may conduct business. This company shall be authorized to conduct and transact any business and engage in any activity that is either lawfully authorized or not prohibited by law and, by way of illustration and not limitation, to invest the funds of this Limited Liability Company in real estate, mortgages, stocks, bonds or any other type of investments, and to own real and personal property necessary or appropriate for the conduct or transaction of any such business or activity; to do anything necessary and proper for the accomplishment or furtherance of any of the purposes of this company enumerated in these articles or organization or any amendment thereof, and to do any act necessary or incidental to the protection and benefit of this company; and in general, either alone or in association with other Limited Liability Companies, Corporations, Partnerships, individuals, or other entities, to carry on any lawful pursuit necessary or incidental to the accomplishment or furtherance of the purposes of this company.

ARTICLE IV

PRINCIPAL OFFICE

The mailing address and street address of the principal office of the Limited Liability Company is:

**MAILING ADDRESS: POST OFFICE BOX 354369
PALM COAST, FLORIDA 32125**

**STREET ADDRESS: 191 PALMWOOD DRIVE
PALM COAST, FLORIDA 32164**

ARTICLE V

REGISTERED AGENT; REGISTERED OFFICE

The name and street address of the initial Registered Agent of this Limited Liability Company in the State of Florida is as follows:

**MELISSA WEGENER
191 PALMWOOD DRIVE
PALM COAST, FLORIDA 32125**

ARTICLE VI

ADMISSION OF ADDITIONAL MEMBERS

The members of this company are given the right to admit additional members upon the condition that each new member is approved for admission by vote or consent in writing of all of the members then existing.

ARTICLE VII

CONTINUATION OF BUSINESS

The remaining members of this company are given the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member.


ARTICLE VIII**MANAGEMENT**

The management of this company is reserved to its Manager. The Manager is authorized to act on behalf of the company without joinder by any other Manager. The name and street address of the Manager is as follows:

**MELISSA WEGENER
191 PALMWOOD DRIVE
PALM COAST, FLORIDA 32164**

EXECUTION:

The undersigned authorized representative of the members of this Limited Liability Company execute these Articles Of Organization this 30 day of JUNE, 2006.


**MELISSA WEGENER
MANAGER**

**STATE OF FLORIDA)
COUNTY OF Volusia)**

The foregoing instrument was acknowledged before me this 30th day of JUNE, 2006 by **MELISSA WEGENER** (☒) who is personally known to me, or (☐) who has produced as identification, and who acknowledged that she signed such instrument of her own free will.


Notary Public, State of Florida At Large
My Commission Expires:



Donald M. Birch, Jr.
Commission # DD364581
Expires November 1, 2008
Bonded Title Felt - Insurance, Inc. 800-325-7018

ACCEPTANCE OF REGISTERED AGENT

THE UNDERSIGNED, being the person named in the Articles Of Organization of **SELF PAY RECOVERY SOLUTIONS, L.L.C.**, as the Registered Agent of this Limited Liability Company, hereby consents to accept service of process for the above stated company at the place designated in the Articles Of Organization, and accepts the appointment as Registered Agent and agrees to act in this capacity.

The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of her duties, and is familiar with and accept the obligations of the position of Registered Agent.


MELISSA WEGENER
REGISTERED AGENT