

LD7000007551

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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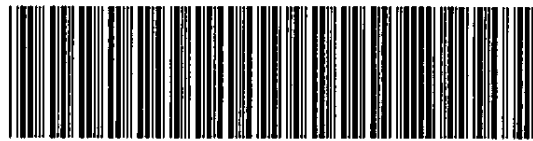
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N. G. G. JAN 22 2007



Accounting
Bookkeeping
Income Taxes
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Tax Consulting

January 12, 2007

Registration Section
Corporate Filings
P. O. Box 6327
Tallahassee, FL 32314

Re: AFFORDABLE MEDICAL BILLING & CODING, L.L.C.

Dear Sirs;

Enclosed, please find two copies of The Articles of Organization for: **AFFORDABLE MEDICAL BILLING & CODING, LLC.**

Check # 14873, in the amount of \$ 125.00 is included for Filing Fees and Registered Agent Designation.

Please process and return same to this office for further processing. Should you have any questions, please do not hesitate to contact this office.

Sincerely,

TROUP FINANCIAL SERVICES

A handwritten signature in black ink, appearing to read 'Robert G. Troup', written over the printed name.

Robert G. Troup

encl.: Articles of Organization
Check # 14873

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

**ARTICLE I
NAME**

The name of the Limited Liability Company is: **AFFORDABLE MEDICAL BILLING & CODING, LLC.**

**ARTICLE II
ADDRESS**

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

Principal Office Address

**Rachael Wellby
1504 Old Moody Boulevard
Bunnell, FL 32110**

Mailing Address

**Rachael Wellby
1504 Old Moody Boulevard
Bunnell, FL 32110**

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TALLAHASSEE, FLORIDA**

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE**

The name and the Florida street address of the Registered Agent are:

**Rachael Wellby
1504 Old Moody Boulevard
Bunnell, FL 32110**

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, Florida Statutes.



Registered Agent

ARTICLE IV
MANAGERS OR MANAGING MEMBERS

<u>TITLE</u>	<u>NAME AND ADDRESS</u>
General Manager	Rachael Wellby 1504 Old Moody Boulevard Bunnell, FL 32110

ARTICLE V
EFFECTIVE DATE

The effective date of this Limited Liability Company shall be: **The Article Filing Date**



Rachael Wellby
Member or Authorized Representative

(In accordance with Section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true)

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TALLAHASSEE, FLORIDA

Rachael Wellby

Printed Name of Signee

Before me, the aforesigned authority personally appeared, who being known to me to be **Rachael Wellby**, acknowledged that he executed the foregoing Articles of Organization and Registered Agent acceptance for **AFFORDABLE MEDICAL BILLING & CODING, LLC**.

State of Florida
County of Volusia



ROBERT G. TROUP
NOTARY PUBLIC, STATE OF FLORIDA
MY Comm. Expires SEPT. 9, 2008
COMM. # DD333078



Notary Public

Date: _____

1/12/07