

L07000048193

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

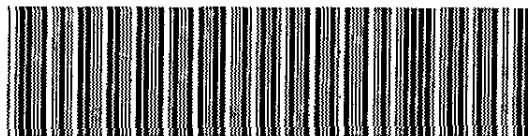
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 MAY -1, AM 11:31

W07-18732
J. BRYAN APR 17 2007

JB



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 17, 2007

ANDREA HOOK ON BEHALF OF MYLLC.COM
MYLLC.COM
32107 LINDERO CANYON ROAD, SUITE 124
WESTLAKE VILLAGE, CA 91361

SUBJECT: NATIONAL BILLING ASSOCIATES, LLC
Ref. Number: W07000018732

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
APR 17 2007

We have received your document for NATIONAL BILLING ASSOCIATES, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on April 16, 2007. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan
Document Specialist

Letter Number: 307A00025805

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: National Billing Associates, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Andrea Hook on behalf of MYLLC.COM
(Name of Person)

MYLLC.COM
(Firm/Company)

32107 Lindero Canyon Road. Suite 124
(Address)

Westlake Village, CA 91361
(City/State and Zip Code)

For further information concerning this matter, please call:

Andrea Hook on behalf of MYLLC.COM at (800) 692-6771
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☒ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

National Billing Associates, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

Principal Office Address:

15511 N. Florida Ave Suite E3
Tampa, FL 33613

Mailing Address:

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Robyn Roche

Name

15511 N. Florida Ave Suite E3

Florida street address (P.O. Box **NOT** acceptable)

Tampa, FL 33613

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 provided for in Chapter 608, F.S.



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Robyn Roche

15511 N. Florida Ave Suite E3

Tampa, FL 33613

MGRM

Cynthia A Tate

15511 N. Florida Ave Suite E3

Tampa, FL 33613

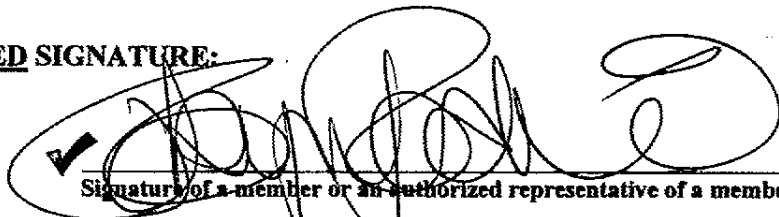
(Use attachment if necessary)

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ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(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.)

Robyn Roche
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)