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#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: CTE Billing Solutions 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:	
Toni Shafer Thomson Dec 3	
CTE Billing Solutions LLC ARE &	T Competence
321 Kantor Blud.	T
Casselberry Fl. 32707 ESTATE (City/State and 75p Code)	-
For further information concerning this matter, please call:	
Toni Shafer Thomson at (407) 403-5441 (Area Cixle & Dayrime Telephone Number)	
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee Scrifficate of Status Certificate of Status Certif	
Mailing Address  Registration Section Division of Corporations P.O. Box 6327 Tallahassec, FL 32314  Mailing Address Registration Section Registration Section Division of Corporations Olivision of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

## ARTICLES OF ORGANIZATION CTE BILLING SOLUTIONS, LLC

## ARTICLE I

The name of the limited liability company is CTE BILLING SOLUTIONS, LLC.

## ARTICLE II ADDRESS

The mailing address and street address of the principal office of the limited liability company is:

Principal Office Address:

Mailing Address:

321 Kantor Blvd.

Casselberry, Florida 32707

321 Kantor Blvd.

Casselberry, Florida 327

#### ARTICLE III REGISTERED AGENT

The name of its registered agent is Toni Shafer Thomson.

The address of its registered office in the State of Florida is 321 Kantor Blvd., Casselberry, Florida 32707.

## ARTICLE IV MANAGERS OR MANAGING MEMBERS

The company shall be managed by 2 Manager(s). The names and addresses of each manager(s) are as follows:

Toni Shafer Thomson 321 Kantor Blvd. Casselberry, Florida 32707 Erik C. Thomson 321 Kantor Blvd. Casselberry, Florida 32707



#### ARTICLE V ACCEPTANCE OF APPOINTMENT OF RESIDENT AGENT

I, Toni Shafer Thomson, hereby accept appointment as Resident Agent for the aboye named Limited Liability Company.

Signature of Resident Agent

Date

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SECRETARY OF STATE