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A 1 A CORPORATE SERVICES

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Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.
Account Number : 120010000247
Phone : (800) 494-3124
Fax Number : (305) 675-2811

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

1st Choice Billing Solutions, LLC

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

1st Choice Billing Solutions, LLC

ARTICLE II ADDRESS

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

2003 Shannon Lakes Court

Kissimmee, Florida 34743

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

Rafaela Lopez

2003 Shannon Lakes Court

Kissimmee, Florida 34743

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Having been named as registered agent 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..

x Rafaela Lopez
RAFAELA LOPEZ / Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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1ST CHOICE BILLING SOLUTIONS, LLC

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ARTICLE V MEMBERS (optional)

MANAGING MEMBER:

Rafaela Lopez

2003 Shannon Lakes Court

Kissimmee, Florida 34743

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x Rafaela Lopez

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.

Rafaela Lopez

Typed or printed name of signee

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