

107000114236

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

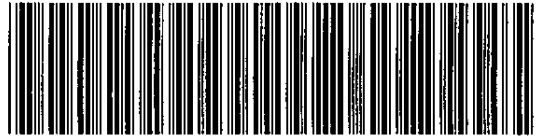
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

DB

Office Use Only



400112142734

11/09/07--01016--019 \*\*130.00

FILED  
07 NOV -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Physicians Medical Billing, 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:

Maria A. Orozco

(Name of Person)

(Firm/Company)

13419 Eleanor Avenue

(Address)

Port Charlotte FL 33953

(City/State and Zip Code)

For further information concerning this matter, please call:

Maria A. Orozco

(Name of Person)

at ( 941 ) 627-5568

(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

FILED  
07 NOV -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION

Physicians Medical Billing, LLC

### A LIMITED LIABILITY COMPANY

1. **Name.** The name of the limited liability company is Physicians Medical Billing, LLC.

2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.

3. **Address of Principal Office.** The address of the registered office of the limited liability company is 13419 Eleanor Avenue, Port Charlotte, FL 33953.

4. **Term.** Term of this LLC shall be perpetual.

5. **Members at Time of Formation.** There will be at least one member at the time the limited liability company is formed.

6. **Period of Duration.** The period of duration shall be perpetual.

7. **Management.** Management of the Limited Liability Company at the time of formation is reserved for the initial member(s) whose name(s) and address(es) are as follows:

Initial Members:  
Maria A. Orozco  
13419 Eleanor Avenue  
Port Charlotte, FL 33953

FILED  
07 NOV -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

8. **Additional Members.** The names and addresses of additional members(s) are as follows:

9. **Admission of New Members.** With the written unanimous consent of the members, new members may be admitted into the LLC upon the payment of such capital contribution and upon such terms as the members unanimously decide. In the event that new members are admitted into the LLC, the share of each new member in the profits and losses shall be in such proportion as may be agreed upon between all the members

and the new member.

10 Members Right to Continue Business. The remaining members of the limited liability company shall have the right to continue 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 in the limited liability company as further set forth in the Operating Agreement of the limited liability company

Executed this date 11-05-2007

Maria Orozco  
Mária A. Orozco  
Member

FILED  
07 NOV -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of section 608.415 or 608.507, Florida Statutes, the undersigned limited liability company submits the following statement to designate a registered office and registered agent in the state of Florida.

1. Name. The name of the limited liability company is Physicians Medical Billing, LLC
2. Registered Office. The address of the registered office of the limited liability company is 13419 Eleanor Avenue, Port Charlotte, Fl 33953.
3. Registered Agent. Maria A. Orozco, is appointed, and by his signature below accepts appointment, to act as the Registered Agent of Physicians Medical Billing, LLC.

*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.*

  
\_\_\_\_\_  
Maria A. Orozco

**FILED**  
07 NOV -9 PM 12:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA