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(Address)

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(City/State/Zip/Phone #)

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(Document Number)

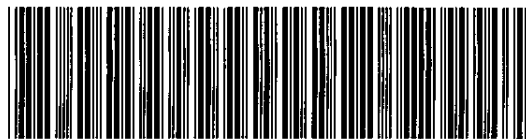
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

M. Thomas FEB 25 2008

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Infinity 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:

Kathleen O. Bowman  
(Name of Person)

Infinity Medical Billing LLC  
(Firm/Company)

11140 Lu Wista Lane  
(Address)

Brooksville Florida 34601  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kathleen O. Bowman at ( 727 ) 422-3411  
(Name of Person) (Area Code & Daytime Telephone Number)

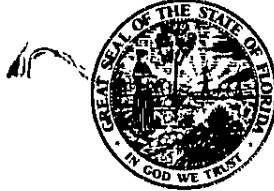
Enclosed is a check for the following amount:

- ☒ \$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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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2008

KATHLEEN O BOWMAN  
11140 LU WISTA LANE  
BROOKSVILLE, FL 34601

SUBJECT: INFINITY MEDICAL BILLING LLC  
Ref. Number: W08000007738

We have received your document for INFINITY MEDICAL BILLING LLC and your check(s) totaling \$125.00. 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 February 12, 2008. 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) 245-6097.

Marsha Thomas  
Regulatory Specialist II

Letter Number: 808A00009400

*February 20, 2008*

*Dear Marsha Thomas*

*Per my conversation with Tammy in regards to this letter. I just wiped out the date. Hopefully this will be satisfactory. Thank You!*

*Kathleen O. Bowman*

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

Infinity Medical Billing LLC

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

### ARTICLE II - Address:

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

#### Principal Office Address:

11140 Lu Wista Lane

Brooksville FL 34601

#### Mailing Address:

11140 Lu Wista Lane

Brooksville FL 34601

### 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 business entity with an active Florida registration.)

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

Kathleen O. Bowman

Name

11140 Lu Wista Lane

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

Brooksville FL 34601

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..*

Kathleen O. Bowman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

**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"

Kathleen O. Bowman

11140 Lu Wista Lane

Brooksville Florida 34601

(Use attachment if necessary)

**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:**

Kathleen O. Bowman

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.)

Kathleen O. Bowman

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)**

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TALLAHASSEE, FLORIDA