Division of Corporations Public Access System

Electronic Filing Cover Sheet

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(((H08000265794 3)))



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To:

Division of Corporations

Fax Number

: (850)61/ 6383

From:

Account Name

: LAKARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone

: (305)552-5973

Fax Number

: (305) 220-1440

FLORIDA/FOREIGN LIMITED LIABILITY CO.

MEDICAL BILLS SETTLEMENT, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

H08000265794

ARTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Compa	any is;
Medical BILLS (Must and with the words "Limits	SetTLe Ment, LLCS &
ARTICLE II - Address:	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9210 NW 114th #201 Drial FC 33/78	Malling Address: Same, Port 26
	istered Office, & Registered Agent's Signature: vn Registered Agent. You must designate an individual or another
The name and the Florida street address	
LUZ A	-BREU
7210 NW 1	14th #201
Florida 8	treet address (P.O. Box NOT acceptable)
DIRAL	FL 33/78, State, and Zip
City	, State, and Zip
liability company at the place designa	and to accept service of process for the above stated limited steed in this certificate, I hereby accept the appointment as 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 thy position as registered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR H	LUZ ABREU 7210 NW 114 lh # 201 DORAL FL 33/78
,	
	ALL AHASS
(Use attachment if necessary)	TATE ORIDI
fective date is listed, the date mus	the date of filing: (OPTIONAL st be specific and cannot be more than five business days
days after the date of filing.)	
days after the date of filing.) REQUIRED SIGNATURE: Signature of a me	mber of a member.

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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