

Division of Corporations

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W09000014929

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

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Account Name : COURT ACCESS CENTERS OF AMERICA
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FLORIDA/FOREIGN LIMITED LIABILITY CO.

HealthCare Payment Solutions, LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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Corporate Filing Menu

EXAMINER

Audit # H09000033229
**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I

Name and Address

The name of this Limited Liability Company is:

HealthCare Payment Solutions, LLC

The mailing address and street address of the Limited Liability Company are:

**7340 N US Highway 27, Suite 211
Ocala, FL 34482**

ARTICLE II

Term of Existence

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

ARTICLE III

Purpose and Powers

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

ARTICLE IV

Powers

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3249 W Cypress St., Suite C. Tampa, FL 33607, (813)-875-1333.

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ARTICLE V
Initial Registered Office and Agent

The street address of the initial registered office of this Limited Liability Company is:

**7340 N US Highway 27, Suite 211
Ocala, FL 34482**

and the name of its registered agent at such address is:

Terry R. McManus

ARTICLE VI
Management

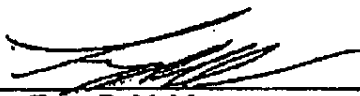
This Limited Liability Company shall have Two Manager(s) or Managing Member(s).
The name and address of Manager(s) or Managing Member(s) are:

Name and Address

**Terry R. McManus, Managing Member
7340 N US Highway 27, Suite 211
Ocala, FL 34482**

**Brock Pinelli, Managing Member
7340 N US Highway 27, Suite 211
Ocala, FL 34482**

Dated: Thursday, February 12, 2009


Terry R. McManus

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ACCEPTANCE BY REGISTERED AGENT

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.

Date: February 12, 2009


Terry R. McManus

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