

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L09000031760  
FILED 8:00 AM  
April 01, 2009  
Sec. Of State  
nculligan

**Article I**

The name of the Limited Liability Company is:

HOSPITAL CLAIMS RECOVERY PROFESSIONALS, LLC.

**Article II**

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

15476 NW 77TH COURT  
#439  
MIAMI LAKES, FL. 33016

The mailing address of the Limited Liability Company is:

15476 NW 77TH COURT  
#439  
MIAMI LAKES, FL. 33016

**Article III**

The purpose for which this Limited Liability Company is organized is:

ANY AND ALL LAWFUL BUSINESS.

**Article IV**

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

ALEXANDER RUIZ  
15476 NW 77TH COURT  
#439  
MIAMI LAKES, FL. 33016

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.

Registered Agent Signature: ALEXANDER RUIZ

### **Article V**

The name and address of managing members/managers are:

Title: MGR  
ALEXANDER RUIZ  
15476 NW 77TH COURT #439  
MIAMI LAKES, FL. 33016

Title: MGR  
VINCE CARVER  
15476 NW 77TH COURT #439  
MIAMI LAKES, FL. 33016

### **Article VI**

The effective date for this Limited Liability Company shall be:

04/01/2009

Signature of member or an authorized representative of a member

Signature: ALEXANDER RUIZ

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