

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

L09000036952
FILED 8:00 AM
April 16, 2009
Sec. Of State
nculligan

Article I

The name of the Limited Liability Company is:
MAVERICK MEDICAL CLAIMS SOLUTIONS, LLC

Article II

The street address of the principal office of the Limited Liability Company is:
909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL. US 33483

The mailing address of the Limited Liability Company is:
909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL. US 33483

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:
JEFF COHEN
909 S.E. 5TH AVENUE
SUITE 200
DELRAY BEACH, FL. 33483

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: JEFF COHEN

Article V

The name and address of managing members/managers are:

Title: MGR
JEFF COHEN
909 S.E. 5TH AVENUE, SUITE 500
DELRAY BEACH, FL. 33483 US

Title: MGR
MICHELE ALLEN
909 S.E. 5TH AVENUE, SUITE 200
DELRAY BEACH, FL. 33483 US

Article VI

The effective date for this Limited Liability Company shall be:

04/16/2009

Signature of member or an authorized representative of a member

Signature: JEFF COHEN

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