Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H090001312873)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number : (850)617-6383

From:

: FOLEY & LARDNER Account Name Account Number : 072720000061

Phone

: (904)359-2000

Fax Number

: (904)359-8700

# FLORIDA/FOREIGN LIMITED LIABILITY CO.

## ALIGN DIRECT BILL, LLC

| Certificate of Status | 0        |
|-----------------------|----------|
| Certified Copy        | 1        |
| Page Count            | 01       |
| Estimated Charge      | \$155.00 |

Electronic Filing Menu

Corporate Filing Menu

Help

G. MCLEOD

JUN 1 - 2009

EXAMINER



ATTORNEYS AT LAW ONE INDEPENDENT DRIVE, SUITE 1300 JACKSONVILLE, PLORIDA 32202-5017 P.O. BOX 240 JACKSONVILLE, FLORIDA 32201-0240 TELEPHONE: 904.359.2000 FACSIMILE: 901.359.8700 WWW.FOLEY.COM

# **FACSIMILE TRANSMISSION**

Total # of Pages 2 (not including this page)

| TO:                                 | PHONE#:      | FAX#:        |
|-------------------------------------|--------------|--------------|
| LLC Formation FL Secretary of State | 850.245.6939 | 850.617.6383 |

| From:                 | vhodge           |
|-----------------------|------------------|
| Email Address:        | VHodge@foley.com |
| Sender's Direct Dial: | 904.359.2000     |
| Date:                 | 5/28/2009        |
| Client Matter No:     | 059682-0101      |
| User ID:              | vhodge           |

## MESSAGE:

Please see attached.

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND ITHAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

Fax Audit No. H09000131287 3

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is: ALIGN DIRECT BILL, LLC

#### ARTICLE [1 - Address:

The mailing address and street address of the principal office of the Limited Liability Company are: 7785 Baymeadows Way, Suite 302, Jacksonville, FL 32256.

## ARTICLE HI - Registered Agent, Registered Office & Registered Agent's Signature:

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

## Ronald E. Hofstetter

Name

## 113 Natures Way

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

## Ponte Vedra, FL 32082

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 completed 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.

Ronald E. Hofstetter

(An additional article must be added if an effective date is requested)

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.)

Ronald E. Hofstetter, President

Typed or printed name of signee

#### FILING FEES:

\$100.00 Filing Fee for Articles of Organization \$25:00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) \$5,00 Certificate of Status (OPTIONAL) 09 MAY 29 AM 10: 01