

Division of Corporations

Page 1

609000087022

Florida Department of State
Division of Corporations
Public Access System

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.

((H09000198013 3)))



H090001980133ABC+

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

To:

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

From:

Account Name : HENDERSON, FRANKLIN, STARNES & HOLT, P.A.
Account Number : 075410002172
Phone : (239) 344-1100
Fax Number : (239) 344-1200

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP -9 AM 8:34

FILED

RECEIVED
09 SEP -9 AM 6:23

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

SERBIN MEDICAL BILLING, LLC

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

T. CLINE

SEP 10 2009

Electronic Filing Menu

Corporate Filing Menu

EXAMINE

FAX AUDIT NO.: H09000198013 3

**ARTICLES OF ORGANIZATION
OF
SERBIN MEDICAL BILLING, LLC**

ARTICLE I-NAME

The name of the limited liability company shall be SERBIN MEDICAL BILLING, LLC (the "Company").

ARTICLE II-MAILING AND STREET ADDRESS

The mailing and street address of the principal office of the Company is:

12670 Creekside Lane, Suite 401
Fort Myers, Florida 33919

ARTICLE III-EFFECTIVE DATE

This limited liability company's existence shall commence upon the filing of these Articles and shall terminate as provided for in the Operating Agreement.

ARTICLE IV-INITIAL REGISTERED AGENT AND OFFICE

The name and street address of the initial registered agent of the Company is:

<u>Name</u>	<u>Address</u>
GUY E. WHITESMAN	1715 Monroe Street Fort Myers, Florida 33901

ARTICLE V-PURPOSE

The Company shall have unlimited power to engage in and do any lawful act concerning any or all lawful businesses for which limited liability companies may be organized according to the laws of the State of Florida, including all powers and purposes now and hereafter permitted by law to a limited liability company.

ARTICLE VI-MANAGEMENT OF THE COMPANY

The Company shall be managed by not less than one (1) manager (the "Manager") and is, therefore, a manager-managed company. The following is the name

FAX AUDIT NO.: H09000198013 3

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP -9 AM 8:34

FILED

FAX AUDIT NO.: H09000198013 3

and address of the initial Manager who shall serve as the Manager of the Company until her successor is elected and qualified:

<u>Name</u>	<u>Address</u>
CARYL A. SERBIN	12670 Creekside Lane, Suite 401 Fort Myers, Florida 33919

ARTICLE VII-OPERATING AGREEMENT

The Members shall have the power to adopt, alter, amend, or repeal the Operating Agreement of the Company containing provisions for the regulation and management of the affairs of the Company.

The undersigned, being an authorized representative of the Members of the Company, has executed these Articles of Organization this 9th day of September, 2009.



GUY E. WHITESMAN
Authorized Representative

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2009 SEP -9 AM 8:34

FILED

FAX AUDIT NO.: H09000198013 3

FAX AUDIT NO.: H09000198013 3

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

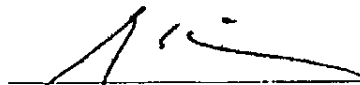
- 1. The name of the limited liability company is: SERBIN MEDICAL BILLING, LLC.
- 2. The name and address of the registered agent and office is:

Guy E. Whitesman
1715 Monroe Street
Fort Myers, Florida 33901

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.

2009 SEP -9 AM 8:34
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED



GUY E. WHITESMAN
Registered Agent

FAX AUDIT NO.: H09000198013 3