NOV/30/2009 P. 001 Divisi bn of Cor Page 1 of 1 orida Department of State Division of Corporations **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. (((H09000249323 3))) H090002493233ABC% 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 : REZNICSEK, FRASER, HASTINGS, WHITE & SHAFFER, PA. Account Number : I20030000107 Phone : (904)567-1060 : (904)567-1065 · Fax Number \*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\* Email Address 000 **NON 30** 

FLORIDA/FOREIGN LIMITED LIABILITY CO. **Medical Tracking Solutions, LLC** 

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# ARTICLES OF ORGANIZATION

OF

### MEDICAL TRACKING SOLUTIONS, LLC

Pursuant to the Florida Limited Liability Company Act, Chapt. 608, Florida Statutes (2000), as amended from time to time (the "Act"), the following are adopted as the Articles of Organization of the limited liability company organized hereby:

# ARTICLE I

NAME

The name of this limited liability company (the "Company") shall be Medical Tracking Solutions, LLC.

#### ARTICLE II ADDRESS

The mailing address and the street address of the principal office of this Company shall be 309 N. Sea Lake Lane, St. Johns County, Ponte Vedra Beach, Florida 32082.

#### ARTICLE III REGISTERED AGENT

The initial registered office of this Company shall be 309 N. Sea Lake Lane, Ponte Vedra Beach, Florida 32082 and its initial registered agent at such office shall be Gregory E. Smith.

#### ARTICLE IV MANAGEMENT OF THE COMPANY

The Company will be a manager-managed company managed in accordance with and subject to the requirements of the Act and the operating agreement of the Company.

IN WITNESS WHEREOF, the undersigned, being the Manager of this Company, has executed these Articles of Organization on behalf of this Company in accordance with §608.407(4) of the Act.

Dated:

Gregory E. Smith The Manager

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## CERTIFICATE DESIGNATING REGISTERED OFFICE AND REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA

In compliance with Chapter 608, Florida Statutes (2000), as amended from time to time (the "Act"), the following is submitted:

Medical Tracking Solutions, LLC, desiring to organize or qualify under the laws of the State of Florida as a limited liability company pursuant to the Act, hereby designates Gregory E. Smith as its registered agent to accept service of process within the State of Florida and the address of its registered office shall be 309 N. Sea Lake Lane, Ponte Vedra Beach, Florida 32082.

DATED this <u>30k</u> day of November, 2009.

Gregory E. Smith The Manager

Having been named as registered agent to accept service of process for the above stated limited liability company, at the place designated in this certificate, I hereby agree to 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.

DATED this <u>30th</u> day of November, 2009.

Gregory E. Smith

