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A1a Incorporation

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Florida Department of State  
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From:

Account Name : CSH SERVICES, LLC  
Account Number : I20070000160  
Phone : (800) 494-3124  
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**FLORIDA LIMITED LIABILITY CO.**

**My Transcription Office, LLC**

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**J. BRYAN**

JUN 14 2010

**EXAMINER**

H1000001373313

**ARTICLES OF ORGANIZATION FOR A  
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

MY TRANSCRIPTION OFFICE, LLC

**ARTICLE II ADDRESS**

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

2705 BEDFORD WAY  
TALLAHASSEE, FLORIDA 32308

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

LYNN QUINNELL  
2705 BEDFORD WAY  
TALLAHASSEE, FLORIDA 32308

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 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 as provided for in Chapter 608, F.S.

x   
LYNN QUINNELL / Registered Agent's signature

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MY TRANSCRIPTION OFFICE, LLC

**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS (optional)**

MANAGING MEMBER

LYNN QUINNELL

2705 BEDFORD WAY

TALLAHASSEE, FLORIDA 32308

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x 

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.

LYNN QUINNELL