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**FLORIDA LIMITED LIABILITY CO.
Claire Schwartz Billing LLC**

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Electronic Filing Menu

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J. BRYAN

SEP 29 2010

EXAMINER

H100002135983

**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:

CLAIRE SCHWARTZ BILLING LLC

ARTICLE II ADDRESS

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

9474 SOUTH BELFORT CIRCLE
TAMARAC, FLORIDA 33321

The mailing address of the Limited Liability Company is:

P.O. BOX 771775
CORAL SPRINGS, FLORIDA 33077

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

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

CLAIRE SCHWARTZ
9474 SOUTH BELFORT CIRCLE
TAMARAC, FLORIDA 33321

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. Claire Schwartz
CLAIRE SCHWARTZ / Registered Agent's signature

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CLAIRE SCHWARTZ BILLING 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

CLAIRE SCHWARTZ

P.O. BOX 771775

CORAL SPRINGS, FLORIDA 33077

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x. Claire Schwartz

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.

CLAIRE SCHWARTZ