

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L10000130322
FILED 8:00 AM
December 22, 2010
Sec. Of State
thampton

Article I

The name of the Limited Liability Company is:

20/20 TRANSCRIPTION, LLC

Article II

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

4864 LIBBY ROAD
NORTHPORT, FL. US 34287

The mailing address of the Limited Liability Company is:

4864 LIBBY ROAD
NORTHPORT, FL. US 34287

Article III

The purpose for which this Limited Liability Company is organized is:

TO PROVIDE QUALITY MEDICAL TRANSCRIPTION.

Article IV

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

BARBARA KROENCKE
4864 LIBBY ROAD
NORTHPORT, FL. 34287

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.

Registered Agent Signature: BARBARA KROENCKE

Article V

The name and address of managing members/managers are:

Title: MGRM
BARBARA KROENCKE
4864 LIBBY ROAD
NORTHPORT, FL. 34287 US

Title: MGRM
STEPHEN KROENCKE
4864 LIBBY ROAD
NORTH PORT, FL. 34287 US

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Article VI

The effective date for this Limited Liability Company shall be:

01/01/2011

Signature of member or an authorized representative of a member

Signature: BARBARA KROENCKE