

L 110000017770

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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RECEIVED
2011 FEB -8 PM 1:41
TO FILING OFFICE
SUFFICIENCY OF FILING
SECRETARY OF STATE
DIVISION OF CORPORATIONS
FILED
2011 FEB -8 PM 3:38

B. KOHR
FEB 10 2011
EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 8, 2011

DOREEN WALLACE
CSC
TALLAHASSEE, FL

SUBJECT: MCB FLORIDA, L.L.C.
Ref. Number: W11000007680

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
2011 FEB 10 AM 10:44
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We have received your document for MCB FLORIDA, L.L.C. and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The existing entity with the similar name is MCB, LLC -- Document Number L06000021931.

Please note that under our name rules, the addition or absence of the words "of Florida" or "Florida" at the end of a name does not constitute a significant difference.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 011A00003330



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195
REFERENCE : 668532 4345405
AUTHORIZATION : *[Signature]*
COST LIMIT : \$125.00

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SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
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ORDER DATE : February 8, 2011
ORDER TIME : 11:38 AM
ORDER NO. : 668532-005
CUSTOMER NO: 4345405

RESUBMIT
Please give original
submission date as file date.

DOMESTIC FILING

NAME: ~~MCB FLORIDA, L.L.C.~~
*MEDICAL CLAIMS BILLING FLORIDA,
L, L.C.*

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Doreen Wallace - EXT. 2928

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

MEDICAL CLAIMS BILLING FLORIDA, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

6101 Dogleg Drive
Naples, Florida 34113

Mailing Address:

MCB
8 Taylor Lane
Woodland Park, NJ 07424

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box NOT acceptable)

Tallahassee FL 32301
City, State, and Zip

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 as provided for in Chapter 608, F.S.

Corporation Service Company
By: *Green Wallace*
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michele A. Kattine

8 Taylor Lane

Woodland Park, NJ 07424

MGR

Gregg A. Kattine

8 Taylor Lane

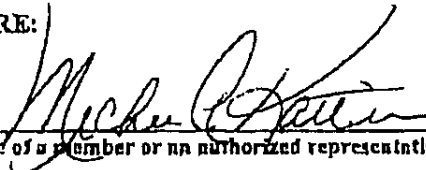
Woodland Park, NJ 07424

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Michele A. Kattine, Managing Member

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)