

# L11000040779

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FLORIDA LIMITED LIABILITY CO.  
TAMIAMI MEDICAL BILLING AND CONSULTANT LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
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EXAMINER

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Tamiami Medical Billing and Consultants LLC

(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:

9337 SW 5th Lane  
Miami, FL 33174

Mailing Address:

9337 SW 5th Lane  
Miami, FL 33174

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:

John Alexander Raxach

Name

9337 SW 5th Lane

Florida street address (P.O. Box NOT acceptable)

Miami

FL 33174

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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