Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA LIMITED LIABILITY CO. TAMIAMI MEDICAL BILLING AND CONSULTANT LLC

Certificate of Status	1
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

APR - 01-12-11-15

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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:	Mailing Address:
9337 SW 5th Lane	9337 SW 5th Lane
Miami, FL 33174	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 Ale	exander Raxach
•	Name
9337 9	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.

egistered Agent's Signature (REQUIRED)

(CONTINUED)

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DIVISION OF CORPORATIONS

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" = Managing Member	<u>ddress:</u>
John Alexander	r Rayach
9337 SW 5th La	
Miami, Fl. 33174	4
Monica Rexech	
9337 SW 5th La	ane
Miami, FL 33174	4
ate is listed, the date must be specific and cannot the date of filing.) (ED SIGNATURE:	ot be more than tive business d
Signature of a member or an authorized rep	presentative of a member.
	es, the execution of this document to that the facts stated herein are true.
(In accordance with section 608.408(3), Florida Statute constitutes an affirmation under the penalties of perjury I am aware that any false information submitted in a do	ocument to the Department of State
(In accordance with section 608.408(3), Florida Statute constitutes an affirmation under the penalties of periury	ocument to the Department of State
(In accordance with section 608.408(3), Florida Statutes constitutes an affirmation under the penalties of perjury I am aware that any false information submitted in a do constitutes a third degree felony as provided for in s.81	ocument to the Department of State 17.155, F.S.)
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