Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : CLARA GIRALDO, P.A.

Account Number : I19990000017

Phone : (305)485-9300 Fax Number : (305)485-1098

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:

FLORIDA LIMITED LIABILITY CO. ADVANCED BILLING SERVICE, LLC.

Certificate of Status	1
Certified Copy	0 .
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Corporate Filing Menu

Electronic Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY OF

ADVANCED BILLING SERVICE, LLC.

ARTICLE I - NAME

The name of the Limited Liability Company is:

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ADVANCED BILLING SERVICE, LLC.

ARTICLE II - ADDRESS

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

20049 NW 66 PL MIAMI, FL. 33015

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE:

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

ARNALDO F. TONNA

20049 NW 66 PL Florida street address (P.O.BOX NOT acceptable)

> MIAMI, FL. 33015 City, State, and Zip

CLARA GIRALDO P.A. 4080 SW 84 AVE SUITE C MIAMI, FL 33155 (305) 485-9300 HII 000 191873

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HII 000 1911873.

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

ARTICLE IV- MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

ARNALDO F. TONNA 20049 NW 66 PL MIAMI, FL. 33015 MANAGER

(An additional article must be added if an effective date is requested)

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.)

<u>ARNALDO F. TONNA</u>

Typed or printed name of signee

SECRETARY OF STATE DIVISION OF CORPORATIONS

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11 JUL 28 NJ 9: 09