

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

L11000115404
FILED 8:00 AM
October 10, 2011
Sec. Of State
ncausseaux

Article I

The name of the Limited Liability Company is:
SOUTHEAST MEDICAL CLAIMS SOLUTIONS LLC

Article II

The street address of the principal office of the Limited Liability Company is:
6048 JESSICA DR
APOPKA, FL. US 32703

The mailing address of the Limited Liability Company is:
6048 JESSICA DR
APOPKA, FL. US 32703

Article III

The purpose for which this Limited Liability Company is organized is:
ANY AND ALL LAWFUL BUSINESS. □ □ □ MEDICAL BILLING, CODING EDI
UR AND DATA CONSULTING.

Article IV

The name and Florida street address of the registered agent is:
JULIE DUNN
6048 JESSICA DR
APOPKA, FL. 32703

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: JULIE DUNN

Article V

The name and address of managing members/managers are:

Title: MGR
JULIE DUNN
6048 JESSICA DR
APOPKA, FL. 32703

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Article VI

The effective date for this Limited Liability Company shall be:

10/05/2011

Signature of member or an authorized representative of a member

Electronic Signature: JULIE DUNN

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.