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Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
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TALLAHASSEE, FLORIDAFLORIDA LIMITED LIABILITY CO.
MEDICAL BILL SOLUTIONS, LLC

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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

MEDICAL BILL SOLUTIONS, LLC

ARTICLE I

The name of the Limited Liability Company shall:

MEDICAL BILL SOLUTIONS, LLC

ARTICLE II

**The Company is organized for any legal and lawful purpose for which
a limited liability company may be organized pursuant to the Act.**

ARTICLE III

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

**520 W. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

ARTICLE IV

The name of the Manager(s) shall be:

**JUAN GAINZA
520 W. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

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

**MICHAEL WIHLBORG
520 W. HALLANDALE BEACH BLVD.
HALLANDALE, FL 33009**

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED
OFFICE/MEMBER/REPRESENTATIVE**

MEDICAL BILL SOLUTIONS, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.



Signature of Registered Agent



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.)

Juan Guinza

Typed or printed name of signee

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