

L12000063878

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

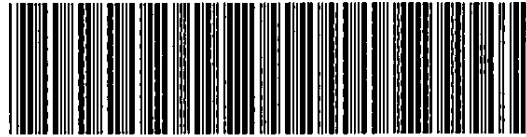
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12 MAY 10 PM 11

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 11 2012

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Outpatient Billing Services, LLC.
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Anne Governale
Name of Person

Outpatient Billing Services, LLC.
Firm/Company

9946 D 62nd Terrace South
Address

Baynton Beach, FL 33437
City/State and Zip Code

ablj@bellsouth.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jenny Wilcoxon at (561) 389-3459
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12 MAY 10 PM 12:12

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Outpatient Billing Services, 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:

9946 D 62nd Terrace South
Boynton Bch., FL 33437

9946 D 62nd Terrace South
Boynton Bch., FL 33437

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:

Anne Governale
Name

9946 D 62nd Terrace South
Florida street address (P.O. Box **NOT** acceptable)
Boynton Bch FL 33437
City, State, and Zip

FILED
12 MAY 10 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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.

Anne Governale
Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 6/1/12

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Anne Governale
9946 D 62nd Terrace South
Bounton Bch., FL 33437

MGRM

Jenny Wilcoxen
9946 D 62nd Terrace South
Bounton Bch., FL 33437

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 6/1/2012 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Anne Governale

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. I am aware that any 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.)

Anne Governale

Typed or printed name of signee

FILED
12 MAY 10 PM 12:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)