L12000074657

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

000235043760

06/04/12--01013--020 **125.00

FILED
12 JUN -4 PM 12:55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
JUN -5 2012
EXAMINER

CPT Coding and Consulting, LLC

8682 Tourmaline Blvd, Boynton Beach, FL 33472

May 29, 2012

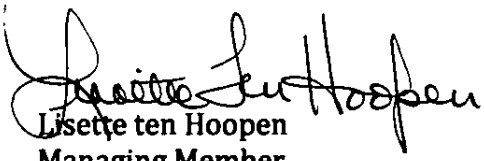
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314
Re: Filing Fee for CPT Coding and Consulting, LLC

To whom it may concern,

Attached please find the signed and dated application for Articles of Organization for a Florida Limited Liability Company. I have also enclosed a check for the filing fee.

Below please find contact information for me, in case needed.

Thank you for your time.



Lisette ten Hoopen
Managing Member
CO-Owner

Lisette ten Hoopen
8682 Tourmaline Blvd
Boynton Beach, FL 33472
Daytime (305) 505-6881

COVER LETTER

TO: **Registration Section**
Division of Corporations

SUBJECT: CPT Coding and Consulting, 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:

Lisette ten Hoopen
Name of Person

CPT Coding and Consulting, LLC
Firm/Company

8682 Tourmaline Blvd
Address

Boynton Beach, FL 33472
City/State and Zip Code

Lizurd102@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lisette ten Hoopen at (305) 505-6881
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

CPT Coding and Consulting, 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:**
8682 Tourmaline Blvd Boynton Beach, FL 33472	8682 Tourmaline Blvd Boynton Beach, FL 33472

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.)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Lisette ten Hoopen
Name

8682 Tourmaline Blvd
Florida street address (P.O. Box **NOT** acceptable)

Boynton Beach FL 33472
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..

Lisette ten Hoopen
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

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12 JUN -4 PM 12: 55
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title: "MGR" = Manager "MGRM" = Managing Member	**Name and Address:**
MGRM	Lisette ten Hoopen 8682 Tourmaline Blvd Boynton Beach, FL 33472

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (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:

Lisette ten Hoopen

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.)

Lisette ten Hoopen

Typed or printed name of signee

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)