

L120000124856

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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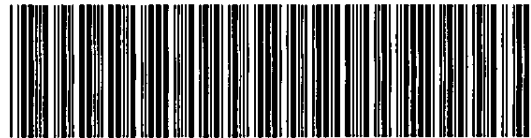
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2012 SEP 28 AM 10:50

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J. SAULSBERRY
EXAMINER

OCT 1 2012

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

SUBJECT: FULL CIRCLE MEDICAL BILLING, LLC

Enclosed are an original and one(1) copy of the Articles of Organization and a check for \$125.00 to cover the filing fee and registered agent fee.

FROM: East Washington Accounting Services, Inc.
P. O. Box 1006
Pierson, FL 32180
(386) 749-9010

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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION
OF
FULL CIRCLE MEDICAL BILLING, LLC**

ARTICLE I: NAME

The name of the Limited Liability Company is:

Full Circle Medical Billing, LLC

ARTICLE II: ADDRESS

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

65 Robinson Drive, Palm Coast, FL 32164


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

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

Rachael Mitchell
65 Robinson Drive
Palm Coast, FL 32164

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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, Florida Statutes.



Rachael Mitchell

ARTICLE IV: MANAGING MEMBER


The names and addresses of the Managing Members are as follows:

Managing Member

Rachael Mitchell
65 Robinson Circle
Palm Coast, FL 32164

REQUIRED SIGNATURE:


RACHAEL MITCHELL


DATE

(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.)

Rachael Mitchell
Name of signee

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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