

# L13060045015

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### FLORIDA LIMITED LIABILITY CO. Medical Credentialing Solutions LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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

In compliance with Chapter 608, F.S.

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**ARTICLE I NAME**

The name of the Limited Liability Company is:

MEDICAL CREDENTIALING SOLUTIONS LLC

**ARTICLE II ADDRESS**

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

3621 NW 17TH AVENUE  
OCALA, FLORIDA 34475

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

TEESHA MICHELLE GILBERT  
3621 NW 17TH AVENUE  
OCALA, FLORIDA 34475

Having been named as registered agent 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.

x *Teasha Michelle Gilbert*

TEESHA MICHELLE GILBERT / Registered Agent's signature

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**ARTICLE IV MANAGEMENT**

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

**ARTICLE V MEMBERS**

MANAGING MEMBER  
TEESHA MICHELLE GILBERT  
3621 NW 17TH AVENUE  
OCALA, FLORIDA 34475

MANAGING MEMBER  
CHARLES J BENNETT, JR.  
1145 W POINTE VISTA PATH  
HERNANDO, FLORIDA 34442

\*\*\*\*\*

x. Teesha Michelle Gilbert

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.

TEESHA MICHELLE GILBERT

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