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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 : TRIPP SCOTT, P.A.
Account Number : 075350000065
Phone : (954) 525-7500
Fax Number : (954) 761-8475

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: CBV@TRIPPSCOTT.COM

**FLORIDA LIMITED LIABILITY CO.
MEDASPEC BILLING CONSULTANTS, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

MEDASPEC BILLING CONSULTANTS, 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:7825 NW 19th Court
Pembroke Pines, FL 33024**Mailing Address:**7825 NW 19th Ct
Pembroke Pines, FL 33024**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:

Matthew Zifrony

Name

c/o Tripp Scott PA, 110 SE 6th St, Floor 15Florida street address (P.O. Box **NOT** acceptable)Fort Lauderdale FL 33301

City, State, and Zip

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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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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

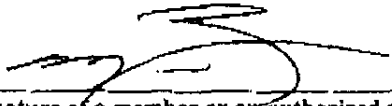
Name and Address:MGRJessica Hess7825 NW 19th CtPembroke Pines, FL 33024___________________________________

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(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:


 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.)

Matthew Zifrony, authorized representative_____
Typed or printed name of signer**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)

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CONSENT TO USE OF NAME

I, Jessica Hess, as Director and President of Medaspec Billing Consultants, Inc., a Florida corporation, consent to use of the name Medaspec Billing Consultants by MEDASPEC BILLING CONSULTANTS, LLC, a Florida limited liability company, for use as a domestic limited liability company in Florida.

Dated: December 3, 2013,


MEDASPEC BILLING CONSULTANTS,
INC., a Florida corporation

In the presence of:

By 

Name: Jessica Hess

Title: Director and President


Printed Name: Karen Harrison

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