

L140000007296

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

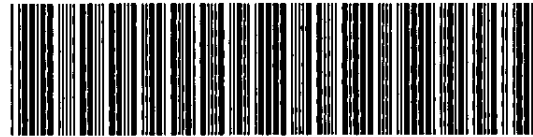
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



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01/09/14--01014--009 \*\*155.00

FILED  
JAN 09 2014  
SEC. OF STATE  
TOLSON

EFFECTIVE DATE  
1/10/14

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: AdvancedPro Medical Billing, 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:

Denise Champagne

Name of Person

AdvancedPro Medical Billing, LLC

Firm/Company

5571 N. University Drive Suite 101

Address

Coral Springs, FL33067

City/State and Zip Code

denise\_champagne@att.net

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Denise Champagne at 954 7329955

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

14 JAN 06 PM 3:53  
RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

AdvancedPro Medical Billing, 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:

5571 N. University Drive

Suite 101

Coral Springs, FL 33067

5571 N. University Drive

Suite 101

Coral Springs, FL 33067

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:

Denise Champagne

Name

5571 N. University Drive Suite 101

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

Coral Springs

FL 33067

City

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 605, F.S..*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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FBI/DOJ

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

Denise Champagne

12311 NW 10th Drive

Coral Springs, FL 33071-7883

AMBR

Jillian Bae

12201 NW 57th Street

Coral Springs, FL 33076-3643

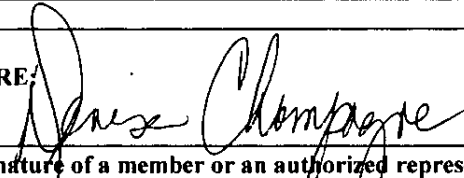
(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: January 10, 2014 (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Denise Champagne

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)

14 JAN 09 10:50  
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FBI