

L14000096769

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

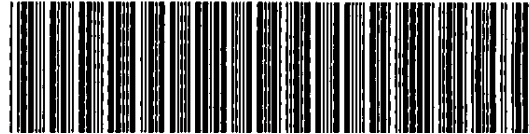
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J Shivers JUN 17 2014

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Sunny-Side Medical Billing Specialists, 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:

Gregory G. Fasula

Name of Person

Gregory G. Fasula, P.A.

Firm/Company

2400 SE Veterans Memorial Parkway, Suite 205

Address

Port St. Lucie, Florida 34952

City/State and Zip Code

VeronicaB62451@aol.com

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

For further information concerning this matter, please call:

Gregory G. Fasula

Name of Person

at (772) 337-0062

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: Sunny-Side Medical Billing Specialists, LLC.

ARTICLE II-Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
384 SW Millard Drive, Port St. Lucie, Florida 34953

Principal Office Address:

384 SW Millard Drive
Port St. Lucie, Florida 34953

Mailing Address:

384 SW Millard Drive
Port St. Lucie, Florida 34953

ARTICLE III-Registered Agent, Registered Office & Registered Agent's Signature:

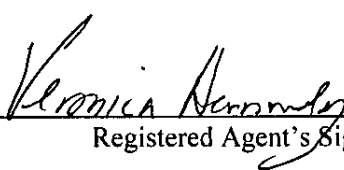
The name and the Florida street address of the registered agent are:

Veronica Hernandez
Name

384 SW Millard Drive
Florida Street address (P.O. Box Not acceptable)

Port St. Lucie, Florida 34953
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 the Chapter 605, F.S.


Registered Agent's Signature

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:

MGR

Veronica Hernandez

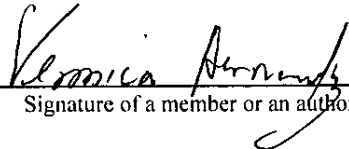
384 SW Millard Drive

Port St. Lucie, Florida 34953

(Use attachment if necessary)

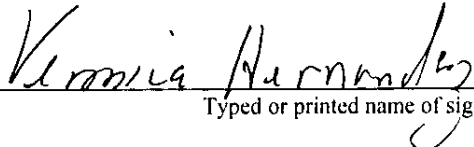
NOTE: An additional article must be added if an effective date is requested.

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 817.155,F.S.).



Typed or printed name of signee