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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

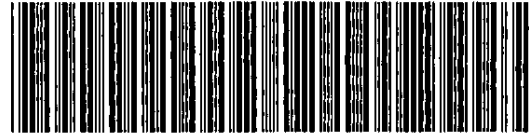
(Business Entity Name)

(Document Number)

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

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7/15/14

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: MEDICAL CLAIMS CONSULTANTS 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:

Ronald J. Zeller, Esq  
Name of Person

Zeller & Associates, LLC  
Firm/Company

Lake Wellington Professional Center, 12230 Forest Hill Boulevard, Suite 110 A  
Address

Wellington, Florida 33414  
City/State and Zip Code

zellerlawfirm@att.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ronald J. Zeller, Esq. at ( 561 ) 802-4480  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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  
MEDICAL CLAIMS CONSULTANTS, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Medical Claims Consultants, LLC**

**ARTICLE II - Address:**

The initial mailing address and street address of the principal office of the Limited Liability Company is 17210 Randall Terrace, Jupiter, Florida 33477.

**ARTICLE III - Duration:**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - Management:**

The Limited Liability Company is to be managed by the member(s) and the name(s) and address(es) of the initial managing member(s) is/are:

Constance Alfano-Weigand, MD, CCN, ND

**ARTICLE V - Admission of Additional Members:**

The right, if given, of the member(s) to admit additional members and the terms and conditions of the admissions shall be set forth in the Operating Agreement adopted by the Member(s), and any Amendment thereto.

**ARTICLE VI - Business Purposes:**

The business purpose is to consult with medical providers for the collection of claims from health insurers and to pursue such other lawful business activities related thereto.

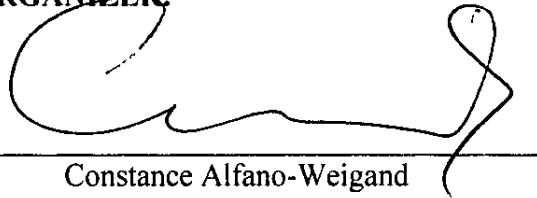
**ARTICLE VII - Members Rights to Continue Business:**

The right, if given, of the remaining member(s) of the Limited Liability Company to continue the business on the death retirement, resignation expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company shall be as set forth in the Operating Agreement adopted by the Member(s), and any Amendments thereto.

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CLERK OF DISTRICT COURT  
JUPITER, FLORIDA

**IN WITNESS WHEREOF**, the undersigned organizer has made and subscribed these Articles of Organization for Medical Claims Consultants, LLC, at Wellington, Florida, on July 2, 2014.

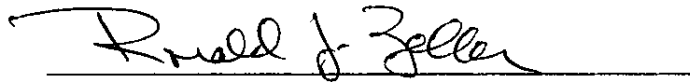
**ORGANIZER:**



Constance Alfano-Weigand

STATE OF FLORIDA  
COUNTY OF PALM BEACH

Sworn to and subscribed before me this 2<sup>nd</sup> day of July, 2014, by Constance Alfano-Weigand, MD, CCN, ND, who is personally known to me and who acknowledged before me that she executed the foregoing Articles of Organization for the purposes therein stated.



Ronald J. Zeller, Esq., Notary Public  
My Commission Expires:



RONALD J. ZELLER  
MY COMMISSION # FF 071932  
EXPIRES: November 20, 2017  
Bonded Third Budget Notary Services

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TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION**

**OF**

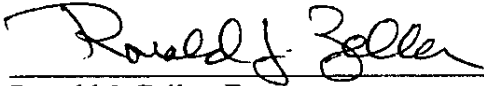
**REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED AGENT AND REGISTERED OFFICE IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **Medical Claims Consultants, LLC**
2. The name and the Florida street address of the registered agent are:

RONALD J. ZELLER, ESQ.  
ZELLER & ASSOCIATES, LLC  
LAKE WELLINGTON PROFESSIONAL CENTRE  
12230 Forest Hill Boulevard, Suite 110 A  
Wellington, Florida 33414

Having been named as registered agent and to accept service of process for the above named 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.

  
\_\_\_\_\_  
Ronald J. Zeller, Esq.

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