

8/14/2014

L14000128220

Division of Corporations
 Florida Department of State
 Division of Corporations
 Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H14000192174 3)))



H140001921743ABC\$

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
 Fax Number : (850) 617-6383

From:

Account Name : HUBCO
 Account Number : 104662003400
 Phone : (516) 935-3940
 Fax Number : (800) 293-4075

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

Email Address: cpating@aol.com

RECEIVED

14 AUG 14 PM 4:45

DIVISION OF CORPORATIONS
 BUREAU OF COMMERCIAL
 INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.

Double Check Billing LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED
 14 AUG 14 2 11:52
 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA

AUG 15 2014

S. YOUNG

H14000192174

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Double Check 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:

9858 Glades Road #164
Boca Raton, FL 33434

9858 Glades Road #164
Boca Raton, FL 33434

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:

Antonella DeBello

Name

9858 Glades Road #164

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

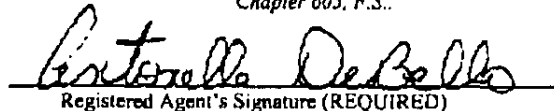
Boca Raton

City

FL 33434

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)

Antonella DeBello

(CONTINUED)

Page 1 of 2

FILED
14 AUG 14 AM 11:58
SECRETARY OF STATE
TALLAHASSEE, FL 32399

H14000192174

H14000192174

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:

Antonella Debello

9858 Glades Road #164

Boca Raton, FL 33434

(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.)

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.)

Antonella Debello

Typed or printed name of signer

H14000192174

FILED
14 AUG 14 20 11:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA