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The CenterState Bank Building 909 S.E. 5th Avenue, Suite 200 Delray Beach, Florida 33483

Daytona Beach • Fort Lauderdale • Fort Myers • Melbourne • Naples • Pensacola • Tampa

November 4, 2014

VIA FEDERAL EXPRESS
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Re: Apex Billing, Inc. conversion to Apex Billing, LLC

Dear Sir or Madam,

In connection with the captioned conversion from a Florida for-profit corporation to a Florida limited liability company, enclosed please find the following:

- Articles of Conversion for Other Business Entity into Florida Limited Liability Company;
- Articles of Organization for Apex Billing, LLC; and
- Check in the amount of \$150.00.

In the event that you should have any questions with regard to this filing, do not hesitate to contact me at (561) 455-7700.

Very Truly Yours

Jacqueline Bain

Paralegal

Encs.

888.455.7702 • 561.455.7700 • Fax 561.455.7701 • www.FloridaHealthcareLawFirm.com

## **Articles of Conversion**

For

### "Other Business Entity"

Into

### Florida Limited Liability Company

The Articles of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

Statutes.	
1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Apex Billing, Inc.	of Conversion is:
(Enter Name of Other Business Entity)	
2. The "Other Business Entity" is a corporation Phobogology.  (Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)	
First organized, formed or incorporated under the laws of	
March 24, 2010 (Einer state, or if a non-old, entity, the name	ne of the country)
(date of organization, formation or incorporation)	
3. The name of the Florida Limited Liability Company as set forth in the attached Articles	s of Organization:
Apex Billing, LLC	
(Enter Name of Florida Limited Liability Company)	
4. If not effective on the date of filing, enter the effective date:	
(The effective date: 1) cannot be prior to date of receipt or filed date nor more than 90 date this document is filed by the Florida Department of State; AND 2) must be the sa date listed in the attached Articles of Organization, if an effective date is listed therein	me as the effective
5. The plan of conversion has been approved in accordance with all applicable statutes.	20
Page 1 of 2	NOV -7 P
	PH 3:2

•			
Signed this day of /\ UVEMBI	ERD 2014		
Signature of Authorized Representative of Limit	ted Liability Company:		
Signature of Authorized Representative: Printed Name: Paul V. Materia	Title: Member		
Signature(s) on behalf of Other Business Entity: [	See below for required signature(s).]		
Signature: Paul V. Materia Printed Name: Paul V. Materia	PRESIDENENT Title: President		
Signature: Printed Name:			
Signature:Printed Name:			
Signature:			
Printed Name:			
Signature: Printed Name:	Title:		
Signature:Printed Name:	Title:		
If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers or Officers have not been selected, an Inc.			
If Florida General Partnership or Limited Liabilit Signature of one General Partner.	ty Partnership:		
If Florida Limited Partnership or Limited Liabilit Signatures of <u>ALL</u> General Partners.	y Limited Partnership:	2014	- Calyting
All others: Signature of an authorized person.		NOV -7	-
Fees:		THE P	m
Articles of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status:	\$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional)	3: 27 STATE ORIDA	

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liability Company is:				
Apex Billing, LLC			•	
(Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")			
ADTICLE II Address.				
ARTICLE II - Address: The mailing address and street address of the pr	incinal office of the Limited Liabil	lity Comp	anv ic	
The maning address and substitutions of the pr	morphi diffee of the Emitted Emitted	псу сопр	urry is.	•
Principal Office Address:	Mailing Address:			
3325 Port St. Lucie Blvd.	3325 Port St. Lucie Blvd.			
Suite 113	Suite 113			
Port St. Lucie, FL 34953	Port St. Lucie, FL 34953	<del></del>		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist	Office, & Registered Agent's Si	gnature:		
business entity with an active Florida registration.)	oros Agent. Tou must designate att murvidual	or another		
The name and the Florida street address of the r	egistered agent are:			
The hame and the trought duot address of the t	ogistored agent me.	<u>.</u>	201	
Jeffrey L. Cohen				4
Name	:	•• •	2014 NOV - 7	t Table
909 S.E. 5th Avenue, Sui	te 200	135 X	-7	
Florida street address (P.O.		دری زیر مهدر نمها	PM	
·	<del></del>	E G		1
Delray Beach	FL 33483	<u> </u>	မှ 2	430
City	Zip		.7	
Having been named as registered agent and to	accept service of process for the a	bove stated	d limite	ed
liability company at the place designated in				
registered agent and agree to act in this capaci	ity. I further agree to comply with t	he provisi	ons of	
statutes relating to the proper and complete p				ď
accept the obligations of my position as reg	ristered agent as provided for in Ch	apter 603,	F.S	
	)	•		
. Registered Agent's Sign	ature (REQUIRED)			
	<b>-</b>			

Page 1 of 2

(CONTINUED)

Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Paul V. Materia 160 S.W. Meade Circle Port St. Lucie, FL 34953  TICLE V: Effective date, if other than the date of filing: OPTIONALL or of the date is listed, the date must be specific and cannot be more than five business dageptor 90 days after the date of filing.)  TICLE 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.)  Paul V. Materia  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)	Company:		
AMBR  Paul V. Materia 160 S.W. Meade Circle Port St. Lucie, FL 34953  (Use attachment if necessary)  TICLE V: Effective date, if other than the date of filing:  an effective date is listed, the date must be specific and cannot be more than five business days pror 90 days after the date of filing.)  TICLE 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.)  Paul V. Materia  Typed or printed name of signee  Filling Fees: S125.00 Filling Fee for Articles of Organization and Designation of Registered Agent		Name and Address:	
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