

# L14000179131

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

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DIVISION OF CORPORATIONS  
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### FLORIDA LIMITED LIABILITY CO. INTEGRITY HEALTH BILLING SERVICES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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STATE OF FLORIDA  
FALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION  
OF  
INTEGRITY HEALTH BILLING SERVICES LLC

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TALLAHASSEE, FLORIDA

ARTICLE I

The name of the limited liability company formed hereby is INTEGRITY HEALTH BILLING SERVICES LLC (the "Limited Liability Company").

ARTICLE II

The duration of the Limited Liability Company shall be perpetual.

ARTICLE III

The principal office and mailing address of the Limited Liability Company shall be as follows:

10585 SW 109 Court, Suite 208  
Miami, FL 33176

ARTICLE IV

The Registered Agent of the Limited Liability Company and his street address in the State of Florida are as follows:

Corporate Management Inc.  
8263 NW 30 Terrace  
Miami, FL 33122

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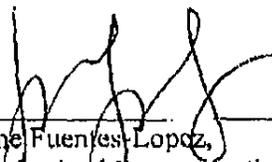
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ARTICLE V

The Limited Liability Company shall be manager-managed. The name and address of the initial Manager is as follows:

Carlos Rivero  
10585 SW 109 Court, Suite 208  
Miami, FL 33176

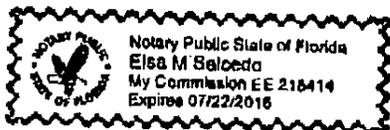
Raul Arce  
10585 SW 109 Court, Suite 208  
Miami, FL 33176

  
\_\_\_\_\_  
Jeanne Fuentes-Lopez,  
as Authorized Representative of the Member

STATE OF FLORIDA            )  
  )  
COUNTY OF MIAMI-DADE    )

BEFORE ME personally appeared Jeanne Fuentes-Lopez, as Authorized Representative of the Member,  who is personally known to me, or  who produced \_\_\_\_\_ as identification, to be the person who executed the foregoing Articles of Organization.

IN WITNESS WHEREOF I have hereunto set my hand and official seal this 17 day of November 2014.



  
\_\_\_\_\_  
Notary Public  
Print Name: Elsa M. Salcedo  
My Commission expires: \_\_\_\_\_

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TALLAHASSEE, FLORIDA

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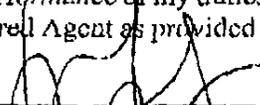
CERTIFICATE OF DESIGNATION OF RESIDENT AGENT  
AND ACCEPTANCE OF DESIGNATION

Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

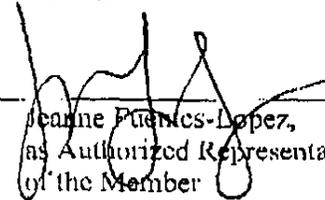
1. The name of the limited liability company is INTEGRITY HEALTH BILLING SERVICES LLC.
2. The name and address of the Registered Agent and Office is:

Corporate Management Inc.  
8263 NW 30 Terrace  
Miami, FL 33122

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.

  
\_\_\_\_\_  
Jeanne Fuentes-Lopez, Registered Agent  
Date: 11/17/14

INTEGRITY HEALTH BILLING  
SERVICES LLC

By:   
\_\_\_\_\_  
Jeanne Fuentes-Lopez,  
as Authorized Representative  
of the Member

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