

11/17/2014 MON 11:23

Division of Corporations

001/004

Page 1 of 2

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Florida Department of State
Division of Corporations
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14 NOV 18 AM 10:00

DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

**FLORIDA LIMITED LIABILITY CO.
INTEGRITY HEALTH BILLING SERVICES LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

14 NOV 18 PM 2:25

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Audit No. H140002675883

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

Audit No. H140002675883

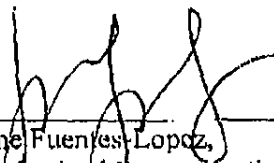
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ARTICLE V

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

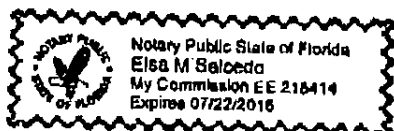



Jeanne Fuentes-Lopez,
as Authorized Representative of the Member

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF RESIDENT AGENT
AND ACCEPTANCE OF DESIGNATION

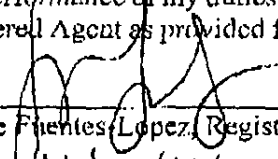
Pursuant to the provisions of Section 605.0113, Florida Statutes, the undersigned limited liability company organized under the laws of the state of Florida, submits the following statement in designating its Registered Office and Registered Agent in the State of Florida:

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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