

**Electronic Articles of Organization
For
Florida Limited Liability Company**

L16000026364
FILED 8:00 AM
February 08, 2016
Sec. Of State
sgilbert

Article I

The name of the Limited Liability Company is:
PROVIDERS MEDICAL BILLING LLC

Article II

The street address of the principal office of the Limited Liability Company is:
12401 W OKEECHOBEE RD
LOT 115
HIALEAH GARDENS, FL. 33018

The mailing address of the Limited Liability Company is:
12401 W OKEECHOBEE RD
LOT 115
HIALEAH GARDENS, FL. 33018

Article III

The name and Florida street address of the registered agent is:
JENNIFER RAMOS
12401 W OKEECHOBEE RD LOT 115
HIALEAH GARDENS, FL. 33018

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.

Registered Agent Signature: JENNIFER RAMOS

Article IV

The name and address of person(s) authorized to manage LLC:

Title: MGR
JENNIFER RAMOS
12401 W OKEECHOBEE RD LOT 115
HIALEAH GARDENS, FL. 33018 UN

Title: MGR
YADIRA MARTINEZ
12401 W OKEECHOBEE RD
HIALEAH GARDENS, FL. 33018-290

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Article V

The effective date for this Limited Liability Company shall be:

02/08/2016

Signature of member or an authorized representative

Electronic Signature: YADIRA MARTINEZ

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.