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(Re	questor's Name)	·
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PICK-UP	☐ WAIT	MAIL.
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Certified Copies	_ Certificates	s of Status
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MAR - 8 2016 S. PRATHER

## COVER LETTER

TO: Registration Sec Division of Corp		•	
SUBJECT: A +c	Name of Limited Lial	MEDICAL pility Company	Billing LLC
The enclosed Articles of C	Organization and fee(s) are submitt	ed for filing.	
Please return all correspon	dence concerning this matter to th	e following:	
S	andra A. Ros	SA of Person	
ATO	Z UNLIMITEO	MEOICAL É Company	BILLING LLC
	366 MIDWEST	PARKWAY	· · · · · · · · · · · · · · · · · · ·
S,	ARASOTA FL	34232_	
<u></u>	nail address: (to be used for futur	cal Billing, com	
For further information cond	cerning this matter, please call:		
	of Person Area Code		Number
Enclosed is a check for the	e following amount:		
\$125.00 Filing Fee	Certificate of Status Cert	5.00 Filing Fee & Lified Copy onal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Address	Street Address	
	ing Section 1 of Corporations	New Filing Section Division of Corporation	ons
P.O. Bo Tallahas	x 6327 ssee, FL 32314	Clifton Building 2661 Executive Cente	r Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name	of the Li	imited l	Liabili	ty Company is:			
	A	to	Z	UNLIMITED with the words "Limited Liability	MEDICAL	Billing LL	
		(Mıı	st end	with the words "Limited Liabilit	ty Company, "LLC	.," or "LLC.")	
ARTICLI The mailin				ddress of the principal office of	the Limited Liability	y Company is:	
		<u>P</u>	rincip	al Office Address:		Mailing Address:	
	36	olo 1	nin	west Parkway	366	Minurest F	arkwa

Sarasota, FL 34232 Sarasota, FL 342	32	(	
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 another business entity with an active Florida registration.)	or	16	
The name and the Florida street address of the registered agent are:  Sandra A. Fossa  Name	LABASSE	HAR -8	1
Florida street address (P.O. Box NOT acceptable)		PM 2: 44	Ü
SARA SOTA FL 34232 City State Zip	, 100 € 10	.c.**	

366 Minuret Parkway

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)

(CONTINUED)

Page 1 of 2

Title:		•	N	ame and Address:					
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