

L16000158166

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

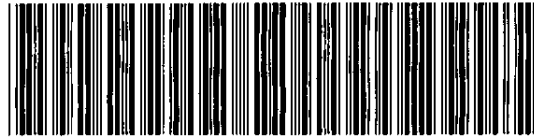
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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8/25/16

**CORPORATE  
ACCESS,  
INC.**

*When you need ACCESS to the world*

236 East 6th Avenue, Tallahassee, Florida 32303  
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

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8/24

☐ **CERTIFIED COPY**

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LLC

1. MEDICAL LIEN SERVICING, LLC  
(CORPORATE NAME AND DOCUMENT #)

2. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

3. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

4. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

5. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

6. \_\_\_\_\_  
(CORPORATE NAME AND DOCUMENT #)

**SPECIAL  
INSTRUCTIONS:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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**ARTICLES OF ORGANIZATION  
OF  
MEDICAL LIEN SERVICING, LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

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\* \* \*

**ARTICLE I  
NAME**

The name of this limited liability company is Medical Lien Servicing, LLC.

**ARTICLE II  
DURATION**

The Company's duration shall be perpetual unless sooner dissolved.

**ARTICLE III  
PRINCIPAL OFFICE**

The mailing address and the street address of the principal office of the Company is 8833 Perimeter Park Blvd., Ste 504, Jacksonville, FL 32216.

**ARTICLE IV  
REGISTERED OFFICE AND AGENT**

The initial registered office of the Company is 1050 Riverside Avenue, Jacksonville, Florida 32204, and its initial registered agent is Sidney S. Simmons, P.L.


**ARTICLE V  
PURPOSE AND POWERS**

The Company is organized with a general business purpose, has all powers provided by law and may use those powers to any lawful purpose.

**ARTICLE VI  
MANAGEMENT**

The Company shall be manager managed. The initial manager shall be J. Gordon Terry, an individual.

IN WITNESS WHEREOF, the undersigned has duly executed these Articles of Organization as of this 24 day of August, 2016.


  
\_\_\_\_\_  
Sidney S. Simmons, II  
Authorized Representative

**REGISTERED AGENT FOR THE SERVICE OF PROCESS WITHIN FLORIDA**

Having been named as registered agent to accept service of process for the above stated Company, at the place designated in this certificate, I hereby agree to 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.

DATED this 24 day of August, 2016

SIDNEY S. SIMMONS, P.L.

By:   
\_\_\_\_\_  
Sidney S. Simmons, II  
Its President

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