Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the tax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000049421 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : GRAYROBINSON, P.A. - ORLANDO

Account Number : I20010000078 Phone : (407)843-8880 Fax Number : (407)244-5690

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

FLORIDA LIMITED LIABILITY CO.

Aventus Billing, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu Corporate Filing Menu

Help

863-688-9771

(H17000049421 3)

ARTICLES OF ORGANIZATION

FOR

AVENTUS BILLING, LLC

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE 1 — NAME:

The name of the Limited Liability Company shall be: AVENTUS BILLING, LLC (the "Company").

ARTICLE II — ADDRESS:

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

1073 Willa Springs, Suite 1049 Winter Springs, FL 32708

ARTICLE III — REGISTERED AGENT AND REGISTERED OFFICE:

The address of the initial registered office of the Company in the State of Florida is One Lake Morton Drive, Lakeland, Florida 33801, and the name of the registered agent at such address is Keith C. Smith, Esquire.

ARTICLE IV - MANAGEMENT:

The Company shall be managed by one or more Managers. The name and address of the initial Managers are:

Tamer Girgis 1073 Willa Springs Suite 1049 Winter Springs, FL 32708 Oliver Dawoud 1073 Willa Springs Suite 1049 Winter Springs, FL 32708

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act on this ______ day of February, 2017.

Keith C. Smith, Authorized Representative

(H17000049421 3)

FEB 21 AM 5 RETARY OF STA AHASSEE, FLOOR

2109101 vI

(H170000494213)

CERTIFICATE OF DESIGNATION REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Sections 605.0113, Florida Statutes, the undersigned Limited Liability Company, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida:

- 1. The name of the company is:
 - AVENTUS BILLING, LLC
- The name and address of the registered agent and office is:

Keith C. Smith, Esquire Onc Lake Morton Drive Lakeland, Florida 33801

Keith C. Smith, Authorized Representative

2/20/12-

D * 125.

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.

KEITH C. SMITH, ESQUIRE

DATE

(H17000049421 3)