

05/14/2018

14: Nicole V. Ij

(B) 0941 917 0506

P.001/004

5/14/2018

Division of Corporations

**L18000118535**

Florida Department of State  
Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
CALLAMORE MEDICAL BILLING, LLC**

Certificate of Status	0
Certified Copy	1
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**ARTICLES OF ORGANIZATION**

**CALLAMORE MEDICAL BILLING, LLC**

a Florida limited liability company

**ARTICLE I**

**NAME**

The business and affairs of the Limited Liability Company shall be conducted under the name of:

**CALLAMORE MEDICAL BILLING, LLC**

**ARTICLE II**

**PRINCIPAL OFFICE**

The street address and the mailing address of the principal place of business of the Limited Liability Company shall be:

5911 N. Honore Avenue, Suite 210  
Sarasota, FL 34243

**ARTICLE III**

**INITIAL REGISTERED AGENT/OFFICE**

The registered office of the Limited Liability Company and its initial registered agent shall be:

Thomas J. Sidgmore  
5911 N. Honore Avenue, Suite 210  
Sarasota, FL 34243

**ARTICLE IV**

**EFFECTIVE DATE**

The effective date of filing of these Articles of Organization is May 14, 2018.

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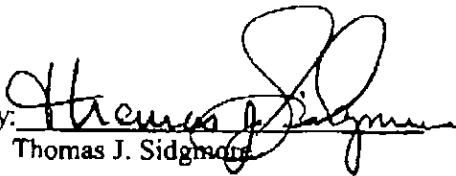
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ARTICLE V  
MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 10<sup>th</sup> day of MAY, 2018.

By:



Thomas J. Sidgmore

"AUTHORIZED REPRESENTATIVE"

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**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 605.0113 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:  
  
**CALLAMORE MEDICAL BILLING, LLC**
2. The name and the Florida street address of the registered agent is:  
  
Thomas J. Sidgmore  
5911 N. Honore Avenue, Suite 210  
Sarasota, FL 34243

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Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

By:

  
Thomas J. Sidgmore

"REGISTERED AGENT"

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