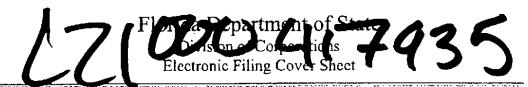
To: +18506176381=



Division of Corporations

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

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : MEDICAL BILLING CONSULTANTS, INC.

Account Number : 120200000206 Phone : (305)463-6690 Fax Number : (305)463-6693

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. LPDP & ASSOCIATES LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name:

The name of the Limited Liability Company is:

LPDP & ASSOCIATES LLC

(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

2828 Coral Way	2828 Coral Way
Suite 505	Suite 505
Miami, FL 33145	Miami, FL 33145

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 or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Name

2828 Coral Way, Suite 505

Florida street address (P.O. Box NOT acceptable)

Miami Florida 33145

City State Zip

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)

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	Luciano Puentes 2828 Coral Way, Suite 505
	Miami. FL 33145
(Use attachment if necessary)	
EV: Effective date, if other than the difective date is listed, the date must be of filing.) If the date inserted in this block does no	ate of filing:
EV: Effective date, if other than the dective date is listed, the date must be of filing.)	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
EV: Effective date, if other than the dective date is listed, the date must be of filing.) The date inserted in this block does not ment's effective date on the Department.	specific and cannot be more than five business days prior to or 90 or meet the applicable statutory filing requirements, this date will not
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)