

L22000146152

Florida Department of State
Division of Corporations
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To:

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CORPORATIONS
COMMERCIAL
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FLORIDA LIMITED LIABILITY CO.
L & M Medical Claims Specialists, LLC

Certificate of Status	0
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Page Count	04
Estimated Charge	\$125.00

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April 2, 2022

FLORIDA DEPARTMENT OF STATE
Division of Corporations

FISHER, TOUSEY, LEAS & BALL

SUBJECT: L & MMEDICAL CLAIMS SPECIALIST, LLC
REF: W22000043016

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

A post office box is not an acceptable address for the registered agent.

The designation of the registered agent must be at a Florida street address.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: H22000119905
Letter Number: 622A00007701

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SECRETARY OF STATE
TALLAHASSEE, FL 32310

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ARTICLES OF ORGANIZATION
of
L & M MEDICAL CLAIMS SPECIALISTS, LLC

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes, Chapter 605, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I

NAME

The name of the limited liability company shall be L & M Medical Claims Specialists, LLC (the "*Company*"). The mailing and street addresses of the principal office of the Company shall be:

Street Address
112 Bartram Oaks Walk
Suite 104, Unit #600907
St. Johns, Florida 32260

Mailing Address
P.O. Box 600907
St. Johns, Florida 32260

ARTICLE II

PURPOSES AND POWERS

The general purpose for which this Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida. The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

ARTICLE III

REGISTERED OFFICE AND AGENT

The name and street address of the registered agent in the State of Florida are Fisher, Tousey, Leas & Ball, P.A., 501 Riverside Avenue, Suite 600, Jacksonville, Florida 32202.

ARTICLE IV

ADMISSION OF MEMBERS

No additional members shall be admitted to the Company except with the unanimous written consent of the members of the Company.

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TALLAHASSEE, FLORIDA

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ARTICLE V

TERMINATION OF EXISTENCE

The Company shall not be dissolved upon the occurrence of any event that terminates the continued membership of a member in the Company, provided there is at least one remaining member. The Company shall be terminated and dissolved upon the consent of all of the members.

ARTICLE VI

MANAGER

The Company shall be managed by one or more managers and is, therefore, a manager-managed limited liability company. The managers shall be elected in the manner set forth in the Operating Agreement of the Company. The managers shall hold the offices and have the responsibilities accorded to them by the members as set forth in the Operating Agreement. The name and address of the manager shall be:

Kimberly A. Littig
P.O. Box 600907
St. Johns, Florida 32260

Cynthia McMoran
P.O. Box 600907
St. Johns, Florida 32260

ARTICLE VII

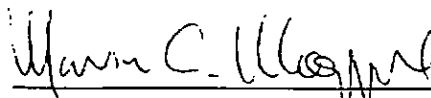
DURATION AND COMMENCEMENT

The Company shall exist perpetually. The Company's existence shall commence on the date these Articles of Organization are executed, except that if they are not filed by the Department of State of the State of Florida within five (5) business days thereafter, the Company's existence shall commence upon filing by the Department of State.

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CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

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IN WITNESS WHEREOF, the undersigned made and subscribed these Articles of Organization for the foregoing use and purpose this 31st day of March, 2022.



Marvin C. Kloeppel, as Authorized Representative

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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

Pursuant to the provisions of the Florida Statutes, L & M Medical Claims Specialists, LLC, a Florida limited liability company (the "*Company*"), submits the following statement in designating the registered office/registered agent of the Company in the State of Florida:

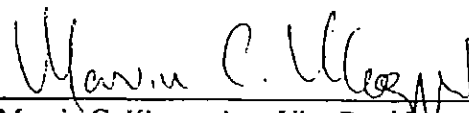
1. The name of the Company is L & M Medical Claims Specialists, LLC.
2. The name and address of the registered agent and office are Fisher, Tousey, Leas & Ball, P.A., 501 Riverside Avenue, Suite 600, Jacksonville, Florida 32202.

ACKNOWLEDGMENT:

Having been named as registered agent and to accept service of process for the 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 the Florida Revised Limited Liability Company Act.

DATED: This 31st day of March, 2022.

Fisher, Tousey, Leas & Ball, P.A.,
a Florida professional service corporation,
as Registered Agent

By: 
Marvin C. Kloeppel, as Vice President

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