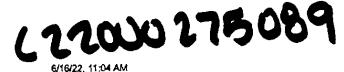
To:



Division of Corporations

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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: dopradoinvestments@gmail.com

SECRETARY OF STATE TALLAHASSEE, FLORID

FLORIDA LIMITED LIABILITY CO.

O & L Investments 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 FLORI	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Company is:	
O & L Investments LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the principal office of	of the Limited) ishility Company is:
The maning address and street address of the principal office of	the indices bisolity company is.
Principal Office Address:	Mailing Address:
1425 SW 27 Ave	1425 SW 27 Ave
Miami, FL 33145	Miami, FL 33145
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regis another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
Luciano Puentes	
Nam	ic

1425 SW 27 Ave 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 Agen s Signature (REQUIRED) (CONTINUED)

To:

Title: "AMBR" = Authorized Me "MGR" = Manager	Name and Address: mber	
MGR	Luciano Puentes	
	1425 SW 27 Avc Miami, FL 33145	
).(C)		
MGR	Odalys Aleman 1425 SW 27 Aye	
	Miami, FL 33145	

(Use attachment if necessar	у)	
CLEV: Effective date, if other	than the date of filing: (O	PTIONAL)
CLE V: Effective date, if other effective date is listed, the date	y) than the date of filing:	PTIONAL) ys prior to or 90 days
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 $\frac{Filing\ Fees;}{\text{S125.00 Filing Fee}\ for\ Articles\ of\ Organization\ and\ Designation\ of\ Registered\ Agent}$

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)