

**Electronic Articles of Organization  
For  
Florida Limited Liability Company**

L24000212551  
FILED 8:00 AM  
May 07, 2024  
Sec. Of State  
tjhowell

**Article I**

The name of the Limited Liability Company is:  
MSV COMPLETE MEDICAL BILLING

**Article II**

The street address of the principal office of the Limited Liability Company is:  
6044 BLUE SAGE DRIVE  
LAND O' LAKES, FL. 34639

The mailing address of the Limited Liability Company is:  
6044 BLUE SAGE DRIVE  
LAND O' LAKES, FL. 34639

**Article III**

The name and Florida street address of the registered agent is:  
MIRIAM DEMING  
6044 BLUE SAGE DRIVE  
LAND O' LAKES, FL. 34639

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.

Registered Agent Signature: MIRIAM DEMING

## Article IV

The name and address of person(s) authorized to manage LLC:

Title: AMBR  
MIRIAM DEMING  
6044 BLUE SAGE DRIVE  
LAND O' LAKES, FL. 34639

Title: AMBR  
SARAH M SAROUKOS  
7211 DORCHESTER CT  
HUDSON, FL. 34667

Title: AMBR  
VERONICA T FALCON  
12311 HAWTHORNE VIEW CT  
TAMPA, FL. 33626

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Signature of member or an authorized representative

Electronic Signature: MIRIAM DEMING

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.