

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

L98000000 347

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Palm Bay Medical Billing Associates L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Enclosed is check #3314 in the amount of \$337.50 covering the filing fee, Designation of Registered agent and the certified copy fees.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit
\$ 35.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50.

Please send one check for the total amount made payable to the Florida Department of State.

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-03/19/98--01100--001
****337.50 ****337.50

FROM: Victor L Smith

Name (Printed or typed)

1186 Port Malabar Blvd NE

Address

Palm Bay FL. 32905

City, State & Zip

407-984-8466

Daytime Telephone number

Name	3/20/98
Availability	Dec
Document Examiner	000
Updater	000
Updater Verifier	0
Acknowledgement	000
W. P. Verifier	000

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palm Bay Medical Billing Associates L.C.

ARTICLE II - Address:

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

**1186 Port Malabar Blvd NE
Palm Bay FL 32905**

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

**Victor L. Smith
1186 Port Malabar Blvd NE
Palm Bay FL 32905**

**Patricia E. Perry
1260 Turkey Creek Drive
Palm Bay FL 32905**

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ARTICLE V - Admission of Additional Members:

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

Additional members may be admitted to the Palm Bay Medical Billing Associates L.C. by unanimous consent of the membership.

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TALLAHASSEE, FLORIDA

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:


Members in the Palm Bay Medical Billing Associates L.C. are given the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates continued membership of a member.

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of Palm Bay
Medical Billing Associates L.C. deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 6000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 6000.00
This total includes amounts from 2 and 3 above.



Signature of a member or authorized representative of a member.

In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

Palm Bay Medical Billing Associates L.C.

2. The name and address of the registered agent and office is:

Victor L. Smith

(NAME)

1186 Port Malabar Blvd NE

(P. O. Box NOT ACCEPTABLE)

Palm Bay FL. 32905

(CITY/STATE/ZIP)

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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.


(SIGNATURE)

3/16/98
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent