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(((H10000233139 3)))



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### Foreign Limited Liability Company Innovative Billing Solutions, LLC

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## APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608:503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN T	HE	r S	TATE OF FLORIDA:		
1. INNOVATIVE BILLING SOLUTIONS, LL	.C				
(Name of Foreign Limited Liability Company; must in	nclu	ũd	e "Limited Liability Company," "L.L.C.,"	or "LLC.")	_
(If name unavailable, enter alternate name adopted for the pur consent of the managers or managing members adopting the a Company," "L.L.C," "LLC.")	urpo: altei	ost	e of transacting business in Florida and atta ate name. The alternate name must include	ch a copy of the "Limited Liab	_ writton ility
2. PENNSYLVANIA	_ 3	3.	27-3089589		_
(Jurisdiction under the law of which foreign limited liabilit company is organized)	ty		(FEI number, if applicable	)	
4. JULY 22, 2010	5	5.	PERPETUAL		_
(Date of Organization)			(Duration: Year limited liability compa- exist or "perpetual")	ny will cease to	20
6.					2010
(Date first transacted business in (See sections 608.501 & 608.502 I	Flo F.S.	oi 3. I	ida, if prior to registration.) to determine penalty liability)	AHA ACT	NO.
7. 6850 PORTO FINO CIRCLE, STE 2				SSS	_တ
FT. MYERS, FL 33912					2
(Street Addre	<b>e</b> 88	0	f Principal Office)	0.2	<b>.</b>
8. If limited liability company is a manager-manag	ged	l c	company, check here	RUA	<u>9</u>
9. The name and usual business addresses of the LOUIS ROSELLINI	ma	aı	naging members or managers are a	s follows:	
6850 PORTO FINO CIRCLE, STE 2			,		
FT. MYERS, FL 33912					
10. Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A photostrumslation of the certificate under oath of the translator must be a	сор	PΥ	is not acceptable. If the certificate is in a for		eccords in
11. Nature of business or purposes to be conducted	d oı	r	promoted in Florida:	<del></del>	<del></del>
TRANSACT ANY LAWFUL BUSINESS			4		•
		1	A)		
<u>-</u> -			horized representative of a member.		
(In accordance with section 608.408(3), F.S., the e penalties of porjury that the facts stated herein an document to the Department of State constit LOUIS ROSELLINI	re in	nu	LI am aware that any false information sub	mitted in a	
	ntec	d	name of signee		

# (((H10000233139 3))) CERTIFICATE OF DESIGNATION OF (((H10000233139 3))) 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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

f unavailable, the alternate	to be used in the state of	f Florida is:	2010 NOV
. The name and the Florid	la street address of the re	gistered agent and office are:	ARY SSE
LOUIS RO	OSELLINI		
	(Nar	ne)	STATE LORIDA
6850 PO	RTO FINO CIRCLE	E, STE 2	
	Florida Street Address (P.O.		
FT. MYE	ERS	FL 33912	
	City/	State/Zip	

\$ 100.00
 Filing Fee for Application
 \$ 25.00
 Designation of Registered Agent
 \$ 30.00
 Certified Copy (optional)
 \$ 5.00
 Certificate of Status (optional)

· (((H100002331393)))

### COMMONWEALTH OF PENNSYLVANIA

### DEPARTMENT OF STATE

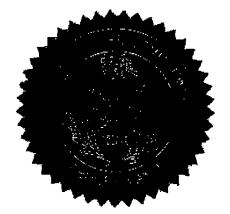
**NOVEMBER 10, 2010** 

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT,

### INNOVATIVE BILLING SOLUTIONS, LLC

is duly organized as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written.

Secretary of the Commonwealth

Basil L. Merenda

Certification Number: 9108785-1
Verify this certificate online at http://www.corporations.state.pa.us/corp/soskb/verify.asp