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SECRETARY OF STATE
ASSESSED FOR DRIDA

D. BRUCE
MAR 8 2011
EXAMINER

COVER LETTER .

Di	ivision of Corporations	•			
SUBJECT		Solutions, LLC			
		lame of Limited Liability Company	_		
The enclose Existence, a	ed "Application by Foreign Limited Li and check are submitted to register the	ability Company for Authorization to Transact Business is above referenced foreign limited liability company to tra	m Florida," msact busir	Certifi tess in l	icate o Florida
Please retur	rn all correspondence concerning this i	natter to the following:			
	Nicole Kaufman				
		Name of Person			
	NE Medical Solutions, LI	LC			
Firm/Company					
	229 SE 3rd Ave				
		Address	- 104		
	Pompano Beach FL 33060				
		City/State and Zip Code	E M	AR	1
	Nems@nemsnow.co	om	ARY SSEE	-7	m
	E-mail address:	(to be used for future annual report notification)	π <u>-</u>	3	111
For further	information concerning this matter, ple	ease call:	STATE LORIC	12: 52	O
Ni	icole Kaufman	_{at (} 954 ₎ 933 - 3313	Ď,,,	.40	
	Name of Person	Area Code & Daytime Telephone Number	· · · · · · · · · · · · · · · · · · ·		
Di Re P.(AILING ADDRESS: vision of Corporations gistration Section D. Box 6327 Ifahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassec, FL 32301			
Enclosed	is a check for the following amo 25.00 Filing Fee S130.00 Filing F Certificate of St	ount: Fee & S155.00 Filing Fee & S160.00 Filing Fee latus Certified Copy of Status & Certif		ıc	

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.

I NE Medical Solutions, LLC	STATE OF FLORIDA:
(Name of Foreign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," or "LLC.")
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the altern Company," "L.L.C," "LL.C,"	e of transacting business in Florida and attach a copy of the written nate name. The alternate name must include "Limited Liability
2. New York State 3.	271837908
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)
4 2/4/2010	PERPETUAL
4. (Date of Organization)	(Duration: Year limited liability company will cease to exist or "perpetual")
3/1/2011	exist of perpetual)
(Date first transacted business in Flor (See sections 608.501 & 608.502 F.S. t	ida, if prior to registration.) o determine penalty liability)
7. 1060 Cornwell Ave	
Baldwin NY 11510	AH AH TI
(Street Address o	Principal Office)
8. If limited liability company is a manager-managed of	
9. The name and usual business addresses of the manag	ging members or managers are as la
Nicole Kaufman	Elaine Fischer
229 SE 3rd Ave	1060 Cornwell Ave
Pompano Beach FL 33060	Baldwin NY 11510
10. Attached is an original certificate of existence, no more than 90 dathe jurisdiction under the law of which it is organized. (A photocopy translation of the certificate under outh of the translator must be submit	is not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or p	promoted in Florida:
Medical Billing & Medical Transcription	
nule	M
	orized representative of a member.
	ion of this document constitutes an affirmation under the Lam aware that any false information submitted in a third degree felony as provided for in \$.817.155, F.S.)
Typed or printed r	name of signee

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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

The name of the Limited Liability Company is: NE Medical Solutions, LLC						
If unavailable, the alternate to be used in the state of Florida is:						
The name and the Florida street address of the registered agent and office are: Nicole Kaufman	ĨĄ:					
(Name) 229 SE 3rd Avenue		11 MAR -7	77			
Florida Street Address (P.O. Box NOT ACCEPTABLE)	- ĕĘ,	PH	П			
Pompano Beach FL 33060	۳,۷	ني	O			
City/State/Zip :	TATE	ණ භ				

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 608. Florida Statutes.

(Signature)

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

State of New York Department of State } ss:

I hereby certify, that NE MEDICAL SOLUTIONS LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 02/04/2010, and that the Limited Liability Company is existing so far as shown by the records of the Department.



WITNESS my hand and the official seal of the Department of State at the City of Albany, this 23rd day of February two thousand and eleven.

First Deputy Secretary of State