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AHASSEE FI ORIE

J. BRYAN

APR 15 2011

**EXAMINER** 

### **COVER LETTER**

Division of Corporations  SUBJECT: Green Reimburse	ement LLC	
ociate.	Name of Limited Liability Company	<del></del>
	iability Company for Authorization to Transact Busine above referenced foreign limited liability company to	
Please return all correspondence concerning this	matter to the following:	
Aaron Green		
	Name of Person	
Green Reimburseme	ent LLC	٠ ٠,
	Firm/Company	
80 Hillcrest Road		FILED II APR II PH 1: 37 SECRETARSEE, PLORIE SECRETARSEE, PLORIE
,	Address	ST I
Needham, MA 0249	92	SECTION REPORTS
	City/State and Zip Code	
aaron.green@gr	eenreimb.com	DE.
E-mail address	: (to be used for future annual report notification)	
For further information concerning this matter, pl	ease call:	
Aaron Green	<sub>at (</sub> 857 <sub>)</sub> 636-0589	
Name of Person	Area Code & Daytime Telephone Number	
MAILING ADDRESS: Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314	STREET ADDRESS: Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	
Enclosed is a check for the following amount \$125.00 Filing Fee \$130.00 Filing Certificate of S	Fee & \$155.00 Filing Fee & \$160.00 Filing	Fee, Certificate ertified Copy

## 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 THE STATE OF FLORIDA:	
1. Green Reimbursement LLC	
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")	
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written	en
consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C," "LLC.")	
2. Massachusetts (Jurisdiction under the law of which foreign limited liability)  3. (FEI number, if applicable)	
company is organized)	
4. 03/05/2008 5. Perpetual	
(Date of Organization) (Duration: Year limited liability company will cease to exist or "perpetual")	
8. No business transacted prior to registration	
(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)	
7. OO TIMOLOGI TROUG	
Needham, MA 02492	
(Street Address of Principal Office)	
8. If limited liability company is a manager-managed company, check here	
9. The name and usual business addresses of the managing members or managers are as follows:	
Aaron Green	
80 Hillcrest Road	
Needham, MA 02492	
10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records i	n
he jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a ranslation of the certificate under oath of the translator must be submitted.)	
,	
11. Nature of business or purposes to be conducted or promoted in Florida: Healthcare	
Reimbursement and Revenue Consulting	
Signature of a member or an authorized representative of a member.	
Signature of a member or an authorized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution of this document constitutes an affirmation under the	
penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Typed or printed name of signee

**Aaron Green** 

## CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

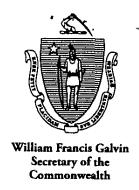
PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Green Reimbursement LLC	
If unavailable, the alternate to be used in the state of Florida is:	
2. The name and the Florida street address of the registered agent and office are:	SEC TALL
Katrin Green	PRI
(Name)	SSER
10922 Holly Cone Drive	
Florida Street Address (P.O. Box NOT ACCEPTABLE)	ATE 33
Riverview <sub>FL</sub> 33569	ta-
City/State/Zip	<del></del>

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.

Katrin Green (Signature)

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



## The Commonwealth of Massachusetts Secretary of the Commonwealth

State House, Boston, Massachusetts 02133

March 25, 2011



#### TO WHOM IT MAY CONCERN:

I hereby certify that a certificate of organization of a Limited Liability Company was filed in this office by

#### GREEN REIMBURSEMENT LLC

in accordance with the provisions of Massachusetts General Laws Chapter 156C on March 5, 2008.

I further certify that said Limited Liability Company has filed all annual reports due and paid all fees with respect to such reports; that said Limited Liability Company has not filed a certificate of cancellation or withdrawal; and that said Limited Liability Company is in good standing with this office.

I also certify that the names of all managers listed in the most recent filing are: AARON MATTHEW GREEN

I further certify, the names of all persons authorized to execute documents filed with this office and listed in the most recent filing are: AARON MATTHEW GREEN

The names of all persons authorized to act with respect to real property listed in the most recent filing are: AARON MATTHEW GREEN



In testimony of which,

I have hereunto affixed the

Great Seal of the Commonwealth

on the date first above written.

Secretary of the Commonwealth

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