

**STATE OF ALABAMA**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC)  
CERTIFICATE OF FORMATION**

**PURPOSE:** In order to form a limited liability company (LLC) under Section 10A-5A-2.01 of the Code of Alabama 1975 this Certificate Of Formation and the appropriate filing fees must be filed with the Office of the Judge of Probate in the county where the entity's initial registered office is located. **The information required in this form is required by Title 10A.**

**INSTRUCTIONS:** Mail one (1) signed original and two (2) copies of this completed form and the appropriate filing fees to the Office of the Judge of Probate in the county where the limited liability company's (LLC) registered office is/will be located. **Contact the Judge of Probate's Office to determine the county filing fees. Make a separate check or money order payable to the Secretary of State for the state filing fee of \$100.00** for standard filing and the Judge of Probate's Office will transmit the fee along with a certified copy of the Certificate to the Office of the Secretary of State within 10 days after the Certificate is filed. Your notification of filing was provided by the Probate Judge's Office via a stamped copy which is evidence of existence (if it is certified by the Probate Office) according to 10A-1-4.04(c) and the Secretary of State's Office does not send out a copy. You may pay the Secretary of State fees by credit card if the county you are filing in will accept that method of payment. Your entity will not be indexed if the credit card does not authorize and will be removed from the index if the check is dishonored (\$30.00 fee).



20201210000564700 1/3 \$166.00  
Shelby Cnty Judge of Probate, AL  
12/10/2020 08:39:12 AM FILED/CERT

**(For County Probate Office Use Only)**

**The information completing this form must be typed (for your convenience the information is fill-able on this computer form on the website above).**

1. The name of the limited liability company (must contain the words "Limited Liability Company" or the abbreviation "L.L.C." or "LLC," and comply with Code of Alabama, Title 10A-1-5.06. You may use Professional or Series before Limited Liability Company if they apply or you may use those abbreviations):  
MEDICAL BUSINESS SOLUTIONS, LLC
2. **A copy of the Name Reservation certificate from the Office of the Secretary of State must be attached and the name reserved must agree with item 1 above [proves name reservation under 10A-1-4.02(f)].**

This form was prepared by: (type name and full address)

CYNTHIA ANCHRUM  
6701 SCOOTER DR  
TRUSSVILLE, AL 35173

**(For SOS Office Use Only)**

**DOMESTIC LIMITED LIABILITY COMPANY (LLC) CERTIFICATE OF FORMATION**

3. The name of the Registered Agent located at the Registered Office (only one agent):

MEDICAL BUSINESS SOLUTIONS , LLC

Street (**No PO Boxes**) address of Registered Office (must be located in Alabama):

246 WEST WILLOW CIRCLE CALERA, AL 35040

Mailing address in Alabama of Registered Office (if different from street address):

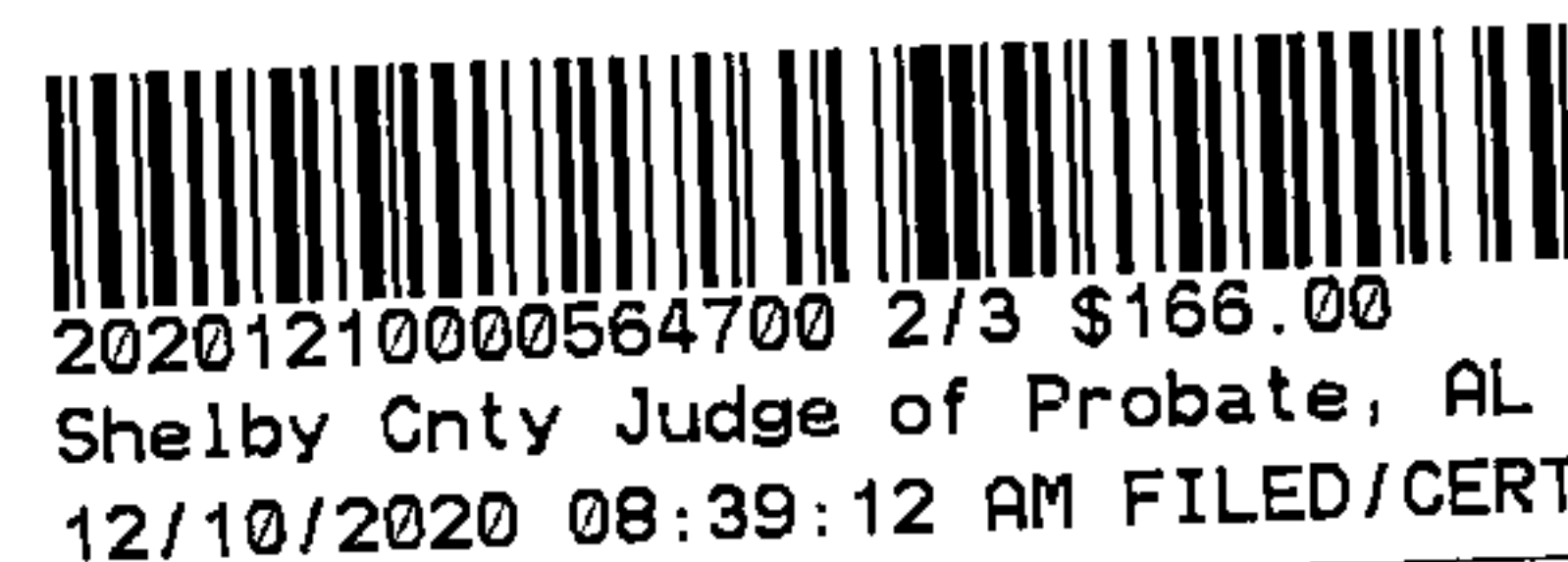
4. The undersigned certify that there is at least one member of the limited liability company.

5. Check **only** if the type applies to the Limited Liability Company being formed:

☒ Series LLC complying with Title 10A, Chapter 5A, Article 11

☐ Professional LLC complying with Title 10A, Chapter 5A, Article 8

☐ Non-Profit LLC complying with 10A-5A-1.04(c)



6. The filing of the limited liability company is effective immediately on the date filed by the Judge of Probate or at the delayed filing date (cannot be prior to the filing date) specified in this filing. 10A-1-4.12

The undersigned specify 11 / 01 / 2020 as the effective date (must be on or after the date filed in the office of the county Judge of Probate, but no later than the 90th day after the date this instrument was signed) and the time of filing to be 12 : 00 ☐ AM or ☒ PM. (cannot be noon or midnight – 12:00)

☐ Attached are any other matters the members determine to include herein ( if this item is checked there must be attachments with the filing).

11 / 01 / 2020  
Date (MM/DD/YYYY)

A handwritten signature in black ink, appearing to read "Jasmynne Sykes", written over a horizontal line.

Signature as required by 10A-5A-2.04

JASMYNNE SYKES

Typed Name of Above Signature

OWNER

Typed Title (Organizer or Attorney-in-fact)

Additional Organizers/Attorney-in-facts may sign (add additional sheets if necessary).

John H. Merrill  
Secretary of State

P.O. Box 5616  
Montgomery, AL 36103-5616


# STATE OF ALABAMA

**I, John H. Merrill, Secretary of State of Alabama, having custody of the  
Great and Principal Seal of said State, do hereby certify that**

pursuant to the provisions of Title 10A, Chapter 1, Article 5, Code of Alabama  
1975, and upon an examination of the entity records on file in this office, the  
following entity name is reserved as available:

**MEDICAL BUSINESS SOLUTIONS, LLC**

This name reservation is for the exclusive use of JASMYNNE SYKES, 246  
WEST WILLOW CIRCLE, CALERA, AL 35040 for a period of one year  
beginning August 20, 2020 and expiring August 20, 2021

  
20201210000564700 3/3 \$166.00  
Shelby Cnty Judge of Probate, AL  
12/10/2020 08:39:12 AM FILED/CERT



RES901068

**In Testimony Whereof, I have hereunto set my  
hand and affixed the Great Seal of the State, at the  
Capitol, in the city of Montgomery, on this day.**

August 20, 2020

Date

*J. H. Merrill*

John H. Merrill

Secretary of State