Division of Corporations

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000267810 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

3052201440

: (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019

Phone Fax Number

: (305)552-5973

: (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Ena	il	Address:	
			۰

FLORIDA LIMITED LIABILITY CO. ACCURATE FLORIDA NURSING LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

He p



MH 1:50

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Accurate Florida nursing LLC	
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:	
4208 SW 154CT	
Miami, FL 33185	2035
ARTICLE III - Registered Agent, Registered Office: The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity	8 AH
- 4208 SW 154CT	1:50
miami 171 33185	
michel Aguila mirabal	<u> </u>
ARTICLE IV The name and title of each person authorized to manage and control the Limited Liability Company: (MGR or AMBR)	
michel Aguila Mirabal (AMBR)	
	 .

Required Signatures:

a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts state: herein are true. I am aware that any false information submitted in a document to the Dep 11 tment of State constitutes a third degree felony as provided for in s.817.155, F.3.

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 herely accept the cr appointment as registered agent and agree to act in this capacity. I further agr. a 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 agen: as provided for

Registered Agent's Signature (REQUIRED)