



THE UNITED STATES
CORPORATION
COMPANY

000000003906

ACCOUNT NO. : 072100000032

REFERENCE : 641308 7142541

AUTHORIZATION :

Patricia Pizeto

COST LIMIT : \$ 125

ORDER DATE : March 28, 2000

ORDER TIME : 2:52 PM

ORDER NO. : 641308-005

000003197520--4

CUSTOMER NO: 7142541

CUSTOMER: Ms. Sharon Bornstein
TOTAL HEALTH CARE CONSULTING
TOTAL HEALTH CARE CONSULTING
16300 Ne 19th Avenue
Suite 109
N. Miami Beach, FL 33162

DOMESTIC FILING

NAME: TOTAL STAFFING, LLC

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Christine Lillich

EXAMINER'S INITIALS:

RECEIVED
00 APR -5 PM 4:47
DEPARTMENT OF STATE
DIVISION OF CORPORATE
TALLAHASSEE, FLORIDA

FILED
00 APR -5 AM 9:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

TOTAL STAFFING, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

16300 NORTHEAST 19TH AVENUE, SUITE 109, NORTH MIAMI BEACH, FLORIDA 33162

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CORPORATION SERVICE COMPANY		
Name		
1201 HAYS STREET		
Florida street address (P.O. Box NOT acceptable)		
TALLAHASSEE	FL	32301
City, State, and Zip		

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, F.S..

Laura R. Dunlap

Registered Agent's Signature

Article IV - Management (Check box if applicable.)

☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Laura R. Dunlap

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

AUTHORIZED REPRESENTATIVE, LAURA R. DUNLAP

Typed or printed name of signer

FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (OPTIONAL)
\$ 5.00 Certificate of Status (OPTIONAL)

FILED
00 APR -5 AM 9:36
SECRETARY OF STATE
TALLAHASSEE FLORIDA