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April 3, 2000

DWLI Medical Staffing, LLC
318 Indian Trace, #166
Weston, FL 33326

Sent Certified: P 176 442 415

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***125.00 ***125.00

Department of State
Division of Corporation
409 E. Gaines St.
Tallahassee, FL 32399

To Whom It May Concern:

Please find enclosed a check for \$125.00 for filing fees for the Articles of Organization for DWLI Medical Staffing, LLC.

If you have any questions, please do not hesitate to call me at 954-217-0638.

Thank you,



David Cavezza
Registered Agent

FILED
00 APR -6 PM 2:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Name	Availability
Document Examiner	DCC
Updater	DCC
Notary Public	DC
Notary Public	DCC
P. Verifier	DCC

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

DWLI MEDICAL STAFFING, LLC

ARTICLE II - Address:

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

318 INDIAN TRACE, #166
WESTON, FL 33326

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

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

DAVID CAVEZZA

Name

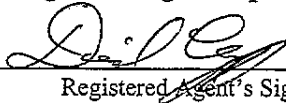
15188 E. LOCH ISLE DRIVE

Florida street address (P.O. Box NOT acceptable)

MIAMI LAKES, FL 33014

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..



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, therefore, a manager - managed company.

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

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.)

GARY D. GOLIN

Typed or printed name of signee

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)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 APR 26 PM 2:30

FILED