

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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To:

Division of Corporations  
Fax Number : (850) 922-4003

From:

Account Name : BIZCORP INTERNATIONAL INC.  
Account Number : I19990000093  
Phone : (561) 776-2277  
Fax Number : (561) 776-2266

AL

**LIMITED LIABILITY COMPANY**  
**ACCURATE LEGAL NURSE CONSULTANTS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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DIVISION OF CORPORATIONS  
00 DEC 11 PM 5:05

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TALLAHASSEE, FLORIDA

00 DEC 11 PM 3:19

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

**The name of the Limited Liability Company is:**

**ACCURATE LEGAL NURSE CONSULTANTS, LLC**

**ARTICLE II - Address:**

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

2017 Sheffield Court  
Oldsmar, FL 34677

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

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

**Bizcorp International Inc.**

Name \_\_\_\_\_

4400 PGA Blvd., Suite 700

Florida street address (P.O. Box NOT acceptable)  
Palm Beach Gardens FL 33410

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..*

**See Attached Certificate**

**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)

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.)

Stephen Levy (Organizer)

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)**

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**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 IN DESIGNATING THE REGISTERED OFFICE/  
REGISTERED AGENT, IN THE STATE OF FLORIDA.**

- 1. The name of the limited liability company is:**

**ACCURATE LEGAL NURSE CONSULTANTS, LLC**

- 2. The name and address of the registered agent and office is:**

**Bizcorp International Inc.  
4400 PGA Blvd.  
Suite 700  
Palm Beach Gardens, FL 33410**

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**BIZCORP INTERNATIONAL INC.**

By: \_\_\_\_\_

**Stephen Levy (Pres.)**

12/11/2000  
(Date)

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