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February 6, 2001

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Department of State
Division of Corporations
409 East Gaines Street
Tallahassee, Florida 32399

L-1-2063

Re: GREYSTONE HEALTHCARE STAFFING, LLC

Enclosed herein please find an original and a copy of the Articles of Organization for the above named Limited Liability Company. Please file the document and return to me a stamped filed copy of the Articles. Enclosed please find a check made payable to Florida Department of State in the amount of \$125.00.

Please return proof of filing to this office in the enclosed Federal Express envelope for your convenience.

Thank you for giving this matter your attention.

Very truly yours,

Joan Graham
Joan Graham

Enc.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: GreyStone Healthcare Staffing, LLC

ARTICLE II - Address:

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

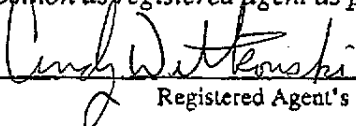
6175 Sunrise Highway
Massapequa, New York 11758

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

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

Cindy Witkowski
Name
6874 Calle Del Paz S.
Florida street address (P.O. Box NOT acceptable)
Boca Raton FL 33433-6409
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 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.)

Jack B. Friedman

Typed or printed name of signee

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SECRETARY OF STATE
TALLAHASSEE FLORIDA