

10/0000 1/910

Florida Department of State  
Division of Corporations  
Public Access System  
Katherine Harris, Secretary of State

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.

((H01000082943 1)))

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 : (850)205-0383

From:  
Account Name : AKERMAN SENTERFITT & EIDSON  
Account Number : 076656002425  
Phone : (407)843-7860  
Fax Number : (407)843-6610

AL

SECTION OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 19 PM 3:11  
TALLAHASSEE, FLORIDA

01 JUL 19 PM 1:54  
TALLAHASSEE, FLORIDA

**LIMITED LIABILITY COMPANY**  
**PASS STAFFING, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

+ 2 cover

01-JUL-19 12:26PM FROM-ASE17010RL  
DIVISION OF CORPORATIONS

407-843-6610

T-426 P.02/04 F-175

---

[Electronic Filing Menu](#)

[Corporate Filing](#)

[Public Access Help](#)

FILED

01 JUL 19 PM 3:11

REC'D  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I - Name**

The name of the Limited Liability Company is: **PASS STAFFING, LLC.**

FILED

01 JUL 19 PM 3:11

STAFFING, LLC  
TALLAHASSEE, FLORIDA

**ARTICLE II - Address**

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

250 County Road 427, Suite 112  
Longwood, Florida 32750

**ARTICLE III - Existence and Duration**

The Limited Liability Company shall commence its existence on the date that these Articles of Organization are filed and its duration shall be perpetual.

**ARTICLE IV - Management**

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

**ARTICLE V - Registered Agent**

The name and street address of the initial registered agent of the Limited Liability Company is:

Sharon R. Avidon  
500 Fawn Hill Place  
Sanford, FL 32771

Physician's Administrative Support  
Services Holdings, LLC  
sole Member

By:   
Name: Sharon R. Avidon  
Title: a Member

July 19, 2001  
(Date)

01-JUL-19 12:26PM FROM-ASE1701ORL

407-843-6610

T-426 P.04/04 F-175

((H01000082943 1)))

(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.)

#### REGISTERED AGENT ACCEPTANCE

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..

By:

  
Sharon R. Avidon

July 19, 2001  
(Date)

Sharon R. Avidon  
TALLAHASSEE, FLORIDA

01 JUL 19 PM 3: 11

FILED

OR412215;1

((H01000082943 1)))