

001000019654

To the Florida Department of State;

6/01

11/8

Attached is my application to establish a Limited Liability Company. If you have any questions please contact me, see below:

MJH

Catherine Coleman  
16330 SW 88<sup>th</sup> Place  
Miami, Fl. 33157  
Telephone: (786) 573-0283

700004671907--9  
-11/08/01--01023--007  
\*\*\*155.00 \*\*\*155.00

Enclosed is a check for \$155.00 for the 1. filing fees 2. designation of registered agent and 3. a certified copy of the Articles

Thank you, Catherine Coleman

FILED  
01 NOV -8 PM 1:19  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: BENJAMIN NURSES, LLC

## ARTICLE II - Address:

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

18495 S. Dixie Hwy. #247 Miami, FL 33157

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

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

Catherine V. Coleman

name

16330 S.W 88<sup>th</sup> Place

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

Miami, FL. 33157

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.*

Catherine V. Coleman

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)

Catherine V. Coleman

Signature of 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.)

Catherine V. Coleman

Typed or printed name of signee

### Filing Fees:

\$100.00 Filing Fee for Article of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (optional)

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