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C R COOPER CPA

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Division of Corporations

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Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : C.R. COOPER, CPA, PA
Account Number : I20000000105
Phone : (561) 432-0008
Fax Number : (561) 433-3596

AL

LIMITED LIABILITY COMPANY

LEGAL MEDICAL / NURSE CONSULTANTS, LLC

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

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ARTICLES OF ORGANIZATION OF
LEGAL MEDICAL / NURSE CONSULTANTS, LLC

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

ARTICLE I

The name of this limited liability company is LEGAL MEDICAL / NURSE CONSULTANTS, LLC.

ARTICLE II

This limited liability company shall have perpetual existence from the effective date of filing these articles with the department of state unless sooner terminated as provided in the Operating Agreement.

ARTICLE III

The mailing address and street address of the principal place of business of this limited liability company is 5350 10TH AVE N #8, LAKE WORTH, FL 33463. This limited liability company may, at its discretion, change the address of its principal place of business.

ARTICLE IV

The name and street address of the initial registered agent of this limited liability company is KATHLEEN A COOPER, RN, 5350 10TH AVE N #8, LAKE WORTH, FL 33463.

ARTICLE V

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

ARTICLE VI

The following are the initial members:

KATHLEEN A COOPER, RN
445 SANTA ANNA DR
PALM SPRINGS, FL 33461

KAREN M VOSS, RN
430 BARNETT ST
WEST PALM BEACH, FL 33405

Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 11 day of FEBRUARY, 2002.

Kathleen A Cooper RN

KATHLEEN A COOPER, RN

Authorized Representative of a Member

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**CERTIFICATE DESIGNATING REGISTERED
OFFICE FOR THE SERVICE OF PROCESS
WITHIN THIS STATE, NAMING AGENT
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 48.061 and Chapter 608.407 Florida Statutes, the following is submitted:

That LEGAL MEDICAL / NURSE CONSULTANTS, LLC, a Florida limited liability company, with its registered office at 5350 10TH AVE N #8, LAKE WORTH, FL 33463, has named KATHLEEN A COOPER, RN at such address as its initial registered agent to accept service of process within the state.

ACKNOWLEDGMENT:

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in the certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: Kathleen Cooper RN
KATHLEEN A COOPER, RN
Registered Agent

FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
02 FEB 11

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