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FILED  
2002 APR 25 AM 11:10  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

1700 Patricia Avenue  
Dunedin, Florida 34698

April 19, 2002

Registration Section  
Division of Corporations  
Post Office Box 6327  
Tallahassee, Florida 32314

600005348746--2  
-04/25/02--01061--017  
\*\*\*\*160.00 \*\*\*\*160.00

**Re: Request For Formation of Florida Limited Liability Company**

To Whom It May Concern:

Enclosed are completed Articles of Organization for formation a Florida Limited Liability Company (LLC) pursuant to Chapter 608, Florida Statutes. Also included is a check in the amount of \$160.00. In addition to payment of fees for the Articles of Organization and Designation of the Registered Agent, also included is payment for the optional Certified Copy and Certificate of Status.

As indicated on the enclosed Articles, the name of the company is *Covenant Legal Nurse Consultants, LLC*; the principal office is located at 1700 Patricia Avenue, Dunedin, Florida 34698; the undersigned is the registered agent. The daytime telephone number is (727) 734-2031.

Thank you in advance. Please advise me directly should additional information or action be necessary.

Very truly yours,

*Rebecca J. Scholl*

Rebecca J. Scholl

Enclosures

J. BRYAN APR 29 2002

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Covenant Legal Nurse Consultants, LLC

**ARTICLE II - Address:**

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

1700 Patricia Avenue, Dunedin, Florida 34698

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

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

Rebecca J. Scholl

Name

1700 Patricia Avenue

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

Dunedin FL 34698

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.*

*Rebecca J. Scholl*

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)

*Rebecca J. Scholl*

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.)

Rebecca J. Scholl

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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