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CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 110647 8739A

AUTHORIZATION :

Patricia Pignatelli

COST LIMIT : \$ 125.00

ORDER DATE : May 29, 2003

ORDER TIME : 11:48 AM

ORDER NO. : 110647-005

CUSTOMER NO: 8739A

CUSTOMER: Bonnie J. Phillips, Legal Asst
Siegel Lipman Dunay &
Shepard, LLP
Suite 801
5355 Town Center Road
Boca Raton, FL 33486

DOMESTIC FILING

NAME: ACTION HEALTHCARE STAFFING,
LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Sara Lea - EXT. 1114

EXAMINER'S INITIALS: _____

FILED
JUL 1 2003
BOSTON

**ARTICLES OF ORGANIZATION
OF
ACTION HEALTHCARE STAFFING, LLC**

Article I - Name: The name of the Limited Liability Company is Action Healthcare Staffing, LLC.

Article II - Address: The mailing address and street address of the principal office of the Limited Liability Company is 5455 N. Federal Highway, Suite I-5, Boca Raton, Florida 33487.

Article III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Cheri Ouellette
5455 N. Federal Highway, Suite I-5
Boca Raton, Florida 33487

Having been named as registered agent and to accept service of process of 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.


Cheri Ouellette


Cheri Ouellette, 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.)