

Division of Corporations

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Florida Department of State
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TALLAHASSEE, FLORIDA

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

EFFECTIVE DATE
12-4-03

From:
Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 222-9428

LIMITED LIABILITY COMPANY

Staffmasters, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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JB
12-5-03

ARTICLES OF ORGANIZATION

OF

STAFFMASTERS, LLC

This Articles of Organization of StaffMasters, LLC, dated December 4, 2003, is being duly executed and filed by A Preferred Nursing, Inc. as the sole member of StaffMasters LLC, and an authorized person, to form a limited liability company under § 608.407 of the Florida Statutes.

FIRST. The name of the limited liability company formed hereby is StaffMasters, LLC (the "Company").

SECOND. The mailing address and the street address of the principal office of the Company is: 5150 North Tamiami Trail, Suite 403; Naples, FL 34103.

THIRD. The name and street address of the Company's registered agent in the State of Florida is: CT Corporation System, 1200 South Pine Island Road Plantation, FL 33324.

FOURTH. The Manager of the Company is: Dr. Robert Elkins, A Preferred Nursing, Inc., 5150 North Tamiami Trail, Suite 403; Naples, FL 34103.

FIFTH. The effective date of formation is: December 4, 2003.

SIXTH. The purpose for which the Company is organized is: to engage in any lawful business, purpose or activity under § 608.407 of the Florida Statutes.

SEVENTH. The duration of the Company is perpetual.

The undersigned represents that this filing complies with the requirements detailed in § 608.407 of the Florida Statutes. The undersigned hereby requests that he is authorized to sign this certificate on behalf of StaffMasters, LLC.

Date: December 4, 2003

A PREFERRED NURSING, INC.

By: 

Name: Gerald Coviello

Title: Authorized Signatory

EFFECTIVE:
12-4-03

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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APPROVED
AND
FILED

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

StaffMasters, LLC

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

CT Corporation System

(Name)

c/o CT Corporation System, 1200 South Pine Island Road

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

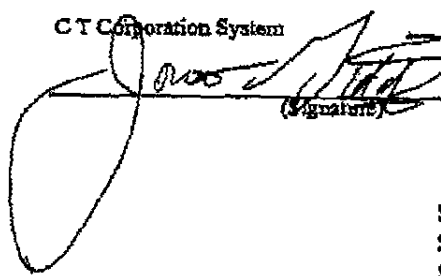
Plantation

FL 33324

City/State/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.

CT Corporation System



(Signature)

Jonathan R. Giddings
Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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AND
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