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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

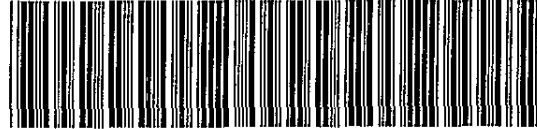
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04 JAN 22 AM 8:58  
FILING OFFICE  
MICHIGAN

Linda M. Donovan

2015 Portland Avenue  
Wellington, FL 33414-8008  
561-790-6628  
FAX: 561-828-0140

**TRANSMITTAL LETTER**

January 18, 2004

Department of State  
Division of Corporations  
Registration Section  
P. O. Box 6327  
Tallahassee, FL 32314

**SUBJECT: ARTICLES OF ORGANIZATION**

**RE: L. M. DONOVAN, LEGAL NURSE CONSULTANT, L.L.C.**

Enclosed are an original and one (1) copy of the articles of organization of L. M. DONOVAN, LEGAL NURSE CONSULTANT, L.L.C.

**FEES:**

We have enclosed our check number 237 in the amount of \$125.00 for:

**\$100.00 Filing Fee for Articles of Organization**  
**\$ 25.00 Designation of Registered Agent**

**FROM:**

Name	Linda M. Donovan
Address	2015 Portland Avenue
City, State & Zip	Wellington, FL 33414-8008
Daytime Telephone number	(561) 790-6628

Sincerely yours,



Linda M. Donovan

**NOTE: Please provide the original and one copy of the articles.**

**ARTICLES OF ORGANIZATION  
FOR  
L. M. DONOVAN, LEGAL NURSE CONSULTANT, L.L.C.  
A  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: L. M. DONOVAN, LEGAL NURSE CONSULTANT, L.L.C.

**ARTICLE II - Address:**

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

2015 Portland Avenue  
Wellington, FL 33414-8008

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

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

Linda M. Donovan  
2015 Portland Avenue  
Wellington, FL 33414-8008

*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, Florida Statutes..*



Registered Agent's Signature

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TALLAHASSEE, FLORIDA

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

Managing Member: Linda M. Donovan  
2015 Portland Avenue  
Wellington, FL 33414-8008

**REQUIRED SIGNATURE:**



**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.)

**LINDA M. DONOVAN**

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)**