

L04000023207

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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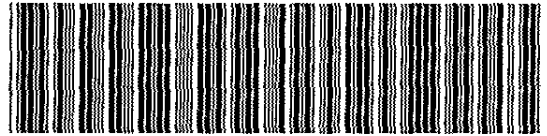
(Business Entity Name)

(Document Number)

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RECEIVED
04 MAR 26 AM 10:47
DIVISION OF CORPORATION

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04 MAR 26 PM 1:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Handwritten initials "BK"

Charter Number Only

Jessie
Jeffrey Ray Cohen
Requestor's Name
297 Sunny Isles Blvd.
Address
N. Miami Beach, FL 33160
City State ZIP Phone
(305) 940-1985

VALIDATION ONLY

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TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Global Medical Staffing, LLC

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DIVISION OF CORPORATION

- | | | |
|--|--|---|
| <input type="checkbox"/> Profit | <input type="checkbox"/> Amendment | <input type="checkbox"/> Merger |
| <input type="checkbox"/> NonProfit | <input type="checkbox"/> Dissolution | <input type="checkbox"/> Mark |
| <input type="checkbox"/> Foreign | <input type="checkbox"/> Annual Report | <input checked="" type="checkbox"/> Other LLC |
| <input type="checkbox"/> Limited Partnership | <input type="checkbox"/> Reservation | <input type="checkbox"/> Change of Registered Agent |
| <input type="checkbox"/> Reinstatement | <input type="checkbox"/> Photo Copies | <input type="checkbox"/> Certificate Under Seal |
| <input checked="" type="checkbox"/> Certified Copy | <input type="checkbox"/> Call When Ready | <input type="checkbox"/> Call If Problem |
| <input type="checkbox"/> Walk In | <input type="checkbox"/> Will Wait | <input checked="" type="checkbox"/> Pick Up |
| | <input type="checkbox"/> After 4:30 | <input type="checkbox"/> Mail Out |

Name
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Empire Toll Free: 1-800-432-3028

**ARTICLES OF ORGANIZATION
OF
GLOBAL MEDICAL STAFFING, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company shall be GLOBAL MEDICAL STAFFING, LLC ("Company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the company shall be 297 Sunny Isles Blvd., Sunny Isles Beach, Florida 33160.

ARTICLE III - DURATION

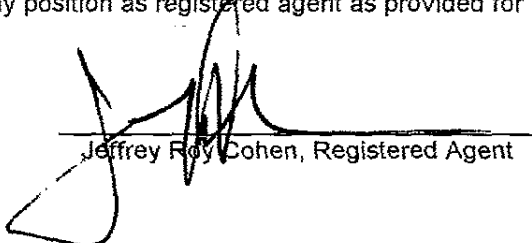
The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE
& REGISTERED AGENT'S SIGNATURE**

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

Jeffrey Roy Cohen, Esq.
297 Sunny Isles Boulevard
Sunny Isles Beach, Florida 33160

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 his or her duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..


Jeffrey Roy Cohen, Registered Agent

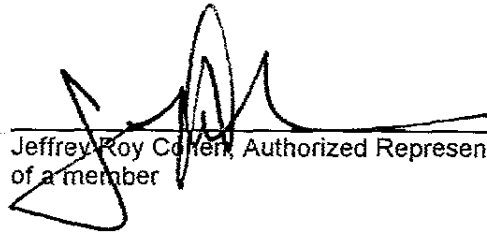
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ARTICLE IV - MANAGEMENT

The company shall be managed by the members in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization.

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.

Signed on this 23rd day of MARCH, 2004.

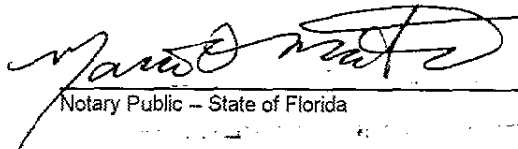

Jeffrey Roy Cohen, Authorized Representative
of a member

STATE OF FLORIDA
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 23rd day of March, 2004, by JEFFREY ROY COHEN.



Mario O. Mateo
Commission # CC971535
Expires Oct. 1, 2004
Bonded Through
Atlantic Bonding Co., Inc.


Notary Public - State of Florida

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒ OR, Produced Identification ☐ Type of Identification Produced _____