

Florida Department of State
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

NURSES OF SOUTH FLORIDA, LLC

Certificate of Status	0
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Page Count	02
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**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - Name

The name of the Limited Liability Company is:

NURSES OF SOUTH FLORIDA, LLC

ARTICLE II - Address

The mailing address of the Limited Liability Company is:

**8930 W. State Road 84
P.O. Box 317
Davie, Florida 33324**

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

**9451 Evergreen Place, Unit 202
Davie, Florida 33324**

ARTICLE III - Registered Agent

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

**Jennifer Ford
9451 Evergreen Place, Unit 202
Davie, Florida 33324**

Having been named as registered agent and designated 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.


Signature of Registered Agent

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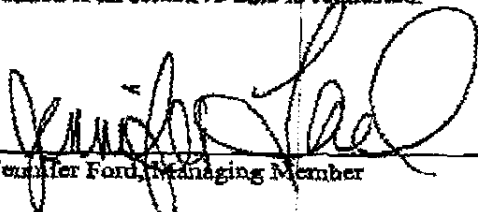
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ARTICLE IV - Managing Member(s):

The name and address of the person signing these Articles as Managing Member is **Jennifer Ford**, 8930 W. State Road 84, P.O. Box 317, Davis, Florida 33324. The Managing Member shall not be liable, in any form or fashion, for any acts or omissions of the Limited Liability Company.

NOTE: An additional Article must be added if an effective date is requested.

REQUIRED SIGNATURE:


Jennifer Ford, Managing 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 state herein are true.)

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