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	(Requ	estor's Name	e)	
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PICK-U	5	TIAW [MAIL
	(Busin	ess Entity Na	ame)	
	(Docu	ment Numbe	r)	
Certified Copies		Certificat	es of S	tatus
Special Instructions	to Fili	ng Officer:		

Office Use Only



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TRANSMITTAL LETTER

TO: Registration Se Division of Co			-			
SUBJECT: GLOBA	L MEDICAL RECRUITMEN (Name of Limited	T, L.L.C. d Liability Company)				
	f Organization and fee(s) are so	_				
Thomas	A. Binford	Name of Person)				
Affordable Legal Clir		Firm/Company)				
426 E. Hwy	434	(Address)				
: Winte	r Springs, Florida 32708			Ter	0	
For further information of	(City/ concerning this matter, please	State and Zip Code)		LANG	MAR 16	
Thomas A. Binford (Name	of Person)	at (407) 327-5297 (Area Code & Daytime To	elephone Number)		05 MAR 16 PH 12: 55	
Enclosed is a check fo	r the following amount:			→		
☐ \$125.00 Filing Fee	⊘ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Fi Certificate of Certified Cop (additional copy	Status &		
STRE	ET ADDRESS:	MAILING A	DDRESS:			

Registration Section Division of Corporations 409 E. Gaines Street Tailahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name	: ited Liability Company is:			
The name of the Limit	nea Etaomity Company to.			
GLOBAL MEDICAL RE	ECRUITMENT, L.L.C.		<u></u>	
ARTICLE II - Add	ress:			
		rincipal office of the Limited Li	ability Company	' is:
Principal Office Ad	dress:	Mailing Address:		
16908 Sarahs Place, A	Apt. 103	16908 Sarahs Place, Apt. 103		
Clermont, FL 34711		Clermont, FL 34711		,
ARTICLE III - Reg	istered Agent, Registered	l Office, & Registered Agent's	s Signature:	
The name and the Flo	orida street address of the p	registered agent are:	78 S	
G	eorge Montes		下。 三	le v •
_	Name			
1	6908 Sarahs Place, Apt. 103	,		
	Florida street ad	dress (P.O. Box NOT acceptable)	2 2 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	PH 12: 55
c	lermont, FL 34711	FL.	g:	.: ౮
_	City, State,	and Zip	司に	വ
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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..

Registered Agent's Signature

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	George Montes 16908 Sarahs Place, Apt. 103 Clermont, FL 34711			
MGRM	DANIEL DIEAL 2019 GASTON FOSTER ORLANDO, FL 32	Ron BIZ	وم	
MGRM	Elizabeth M. 16908 SARAH'S CHERMANT, FL	2NZ 347	es 711	
MGRM	De SADAF BA 12902 MAGNOTI TAMPA + FORM	12A	eg Zi	Q1 UE 361
(Use attachment if necessary)				
NOTE: An additional article must be	added if an effective date is requested.	•		
REQUIRED SIGNATURE:				
Signature of a member of	an authorized representative of a member.	= 0		
(In accordance with section of this document constitute that the facts stated here:	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true.)		05 MAR	 1
GEORGE MONTES		(6) (6)	9	=
Typed	or printed name of signee	 	=	

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)