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Florida Department of State
Division of Corporations
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SECURITY OF STATE
TALLAHASSEE, FLORIDA

To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

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05 APR -7 AM 2:54
DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

american medical staffing, llc

Certificate of Status	0
Certified Copy	1
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This Instrument Prepared By:
JOHN P. MAAS, ESQUIRE
44 NE 16th Street
Homestead, FL 33030
(305)247-7132

HD500000841060

Florida Bar No. 435910

④

ARTICLES OF ORGANIZATION

OF

AMERICAN MEDICAL STAFFING, LLC

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I:

The name of this limited liability company shall be: AMERICAN MEDICAL STAFFING, LLC, a Florida limited liability company.

ARTICLE II:

The mailing address and street address of the principal office of the limited liability company shall be as follows:

23095 S.W. 187 Avenue
Miami, FL 33170

ARTICLE III:

The name of the registered agent for AMERICAN MEDICAL STAFFING, LLC, is as follows:

Bao Pham
23095 S.W. 187 Avenue
Miami, FL 33170

ARTICLE IV:

This limited liability company shall be a manager-managed company and shall be managed by two member manager.

ARTICLE V:

The initial members of AMERICAN MEDICAL STAFFING, LLC, shall be:

HD500000841060

Bao Pham
23095 S.W. 187 Avenue
Miami, FL 33170

Thao Q. Nguyen
23095 S.W. 187 Avenue
Miami, FL 33170

ARTICLE VI:

The initial managing member shall be:

Bao Pham
23095 S.W. 187 Avenue
Miami, FL 33170

Thao Q. Nguyen
23095 S.W. 187 Avenue
Miami, FL 33170

DATED this 5th day of April, 2005.

Bao Pham
BAO PHAM

STATE OF FLORIDA)
 :
COUNTY OF MIAMI-DADE)

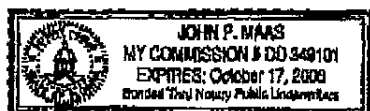
BEFORE ME, the undersigned authority, personally appeared BAO PHAM, to me well known to be the person described in and who acknowledged before me, according to law, that he made and subscribed the same for the purpose therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and official seal at Dade County, State of Florida, this 5th day of April, 2005.

John P. Maas
NOTARY PUBLIC-STATE OF FLORIDA

My Commission Expires:

Print Name: John P. Maas



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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE
OF
AMERICAN MEDICAL STAFFING, LLC**

HAVING BEEN NAMED AS REGISTERED AGENT TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THE ARTICLES OF ORGANIZATION, 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.

DATED this 5th day of April, 2005.

Bao Pham
BAO PHAM
Registered Agent

Address: 23095 SW 187 Avenue
Miami, FL 33170

SECRET
OFFICE OF THE
CLERK OF THE
SUPREME COURT
FLORIDA

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2005/CORP/AMERICAN MEDICAL STAFFING, LLC/ARTICLES OF ORGANIZATION

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