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T. Brumbley APR 2 1 2005

## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Medical Rec (Name of Limite	ruiters Online, LLC ed Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this matt	er to the following:
_ Diane m	Name of Person)
Medical Re	ecruiters Online (Firm/Company)
_1655 Gray	Y Bark Drive 7 8 (Address)
<u> Oldsmac</u>	(Address)  (Address)  (State and Zip Code)
For further information concerning this matter, please	call:
Diane M. Setser (Name of Person)	at ( <u>\$13</u> ) <u>\$55-8633</u> (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
□ \$125.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:		
Medical Recruiters Online, LLC		
RTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:		
rincipal Office Address:  Mailing Address:		
1655 Gray Bark Dr. 1655 Gray Bark Dr. OHSMAR, FL 346 TO DIDSMAR, FL3467		
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:		
The name and the Florida street address of the registered agent are:		
The name and the Florida street address of the registered agent are:  Diage M. Setser  Name		
Florida street address (P.O. Box NOT acceptable)		
Old Smar, FL 34677 City, State, and Zip		

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:
MGR	Diane M. Setser 1655 Gray Bork Dr. Oldsmar, FL34677
<u></u> +	
<del></del>	<u></u>
(Use attachment if necessary)	
NOTE: An additional article must be required SIGNATURE:	added if an effective date is requested.
Signature of a member or	an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)
DIANE 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)