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EMPIRE

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Florida Department of State
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DIVISION OF CORPORATION

To: Division of Corporations
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From: Account Name : EMPIRE CORPORATE KIT COMPANY
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

307/05/05

LIMITED LIABILITY COMPANY

world nurses, llc.

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

31

73-
H05000161538**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

WORLD NURSES, LLC.**ARTICLE II - Address:**

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

Principal Office Address:6900 Sunrise Terrace
Coral Gables, Florida 33133**Mailing Address:**6900 Sunrise Terrace
Coral Gables, Florida 33133**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Julio C. Barbosa, Esquire
Name212 Alhambra Plaza - 10th Floor
Florida street address (P.O. Box NOT acceptable)
Coral Gables FL 33134
City, State, and ZipFILED
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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)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Nurses Education, Inc.

700 Lawrence Avenue West - Suite 336

Toronto, Ontario

MGRM

CADC Travel & Services, LLC

6900 Sunrise Terrace

Coral Gables, Florida 33133

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.

(In accordance with section 608.403(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Julio C. Barbosa, Esquire

Typed or printed name of signer

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 TALLAHASSEE, FLORIDA

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)

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