

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H06000129654 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Το:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (516)935-3088 SECRETARY OF AMIL: 15

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED
06 MAY -9 AM 7: 56
IVISION OF CORPORATI

Sanders Legal Nurse Consulting, L.L.C.

Certificate of Status	
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

Electronic Filing Menu

Corporate Filing Menu

Help

B

H06000129654

ARTICLES OF ORGANIZATION FOR

FLORIDA LIMITED LIABILITY COMPANY.

ARTICLE I - Name The name of the Limited Liability Company is: §	Sanders Legal Nurse Consulting, L.L.C.
ARTICLE II - Address The mailing address and street address of the prince	*
Principal Office Address:	Mailing Address:
1201 Oak Hammock Lane	1201 Oak Hammock Lane
Lady Lake, FL 32159	Lady Lake, FL 32159
The name and Florida street address of the registe	stered Office & Registered Agent's Signature red agent are: Sanders Name
120	I Oak Hammock Lane (R.O. Box or Mail Drop Box NOT Acceptable)
Lad	y Lake, FL 32159 (City / State / Zip)
tt the place designated in this certificate, I her apacity. I further agree to comply with the pro-	accept service of process for the above stated limited liability company eby accept the appointment as registered agent and agree to act in this evisions of all statutes relating to the proper and complete performance the obligations of my position as registered agent as provided for in
<u> </u>	1 Sanders
Registered	d Agent's Signature - Kim Sanders

H06000129654

ARTICLE IV - Manager(s) on The name and address of each Man	r Managing Member(s): ager or Managing Member is as follows:
Title: "MGR"=Manager "MGRM"=Managing Member	Name and Address:
MGRM	Kim Sanders- 1201 Oak Hammock Lane, Lady Lake, FL 32159
(Use attachment if necessary)	
REQUIRED SIGNATURE:	
	Kim Landers
Signature	of a member or authorized representative of a member.
	nce with section 608.408(3), Florida Statutes, the execution of this natitutes an affirmation under the penalties of perjury that the facts are true.)
	Kim Sanders
	Typed or printed name of signee
4	

SECRETARY OF STATE