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J. BRYAN MAR 12 2007

**MARC A. TENNEY, P.A.**

ATTORNEY AT LAW

7011 Central Avenue, Suite B  
St. Petersburg, Florida 33710

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March 2, 2007

Florida Department of State  
Division of Corporations  
Post Office Box 6327  
Tallahassee, FL 32314

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In re: INCORPORATION OF CERTIFIED LEGAL NURSE CONSULTANTS  
OF TAMPA BAY, LLC

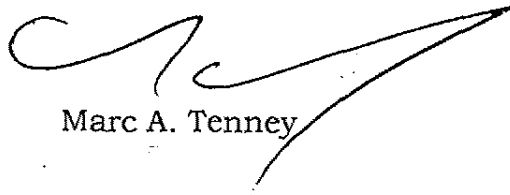
Dear Sir:

Enclosed please find original and one copy of ARTICLES OF ORGANIZATION and CERTIFICATE OF DESIGNATION OF RESIDENT AGENT, along with a check in the amount of \$130. for the appropriate filing fee plus a certified copy of Certificate of Status regarding the above styled corporation.

After examination, if the same meets with your approval, please file and return a certified copy of the ARTICLES OF ORGANIZATION to the undersigned attorney.

Thank you for your cooperation and assistance in this matter.

Very truly yours,



Marc A. Tenney

MAT/pmf  
Enclosures

Cc: Susan Drehsen

**ARTICLES OF ORGANIZATION  
OF  
CERTIFIED LEGAL NURSE CONSULTANTS OF TAMPA BAY, LLC**

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**ARTICLE I**

**NAME**

The name of the Limited Liability Company is **CERTIFIED LEGAL NURSE CONSULTANTS OF TAMPA BAY, LLC.**

**ARTICLE II**

**ADDRESS**

The mailing and street address of the Limited Liability Company's principal office is 1006 – 6<sup>th</sup> Street So., St. Petersburg, FL 33701.

**ARTICLE III**

**DURATION**

The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV**

**MANAGEMENT**

The Limited Liability Company is to be managed by the member(s) who is/are designated, appointed or elected to act as the managing member(s) in accordance with the Operating Agreement of the Limited Liability Company.

The managing member shall carry out and further the decisions and actions made under/pursuant to the operating agreement and shall be authorized to execute any and all reports, forms, instruments, documents, papers, writing, agreements and contracts, including but not

limited to deeds, bills of sale, assignments and contracts, including but not limited to deeds, bills of sale, assignments, leases, promissory notes, mortgages and security agreements and any other type or form of document by which property or property rights of the Company are transferred or encumbered, or by which debts and obligations of the Company are created, incurred or evidenced, that are necessary, appropriate or beneficial to carry out or further those decisions or actions.

In accordance with F.S. 608.408(3), the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.



SUSAN M. DREHSEN  
Authorized Representative

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STATE OF FLORIDA                    )  
COUNTY OF PINELLAS            )

BEFORE ME the undersigned authority, personally appeared SUSAN M. DREHSEN, who has provided \_\_\_\_\_ for identification or who is personally known to me and, after being duly sworn, deposes and says that she has signed the foregoing for the purposes therein contained.

SWORN TO AND SUBSCRIBED before me this 2<sup>nd</sup> day of March, 2007.

  
NOTARY PUBLIC



**Priscilla M. Foley**  
Commission # DD613821  
Expires December 2, 2010  
Bonded Troy Fair - Insurance, Inc. 800-385-7019

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

**UNDER THE PROVISIONS OF F.S. 608.415, THE  
UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE  
FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE  
AND REGISTERED AGENT IN THE STATE OF FLORIDA.**

The name of the Limited Liability Company is **CERTIFIED LEGAL  
NURSE CONSULTANTS OF TAMPA BAY, LLC.**

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

**SUSAN M. DREHSEN  
1006 - 6<sup>th</sup> Street So.  
St. Petersburg, FL 33701**

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 property and  
complete performance of my duties and I am familiar with and accept the  
obligations of my position as registered agent.

**CERTIFIED LEGAL NURSE  
CONSULTANTS OF TAMPA BAY, LLC**

  
\_\_\_\_\_  
**SUSAN M. DREHSEN, Registered  
Agent**

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