

05/31/07 THU 15:48 FAX 727 546 3365

COMPUTAX USA INC

Division of Corporations

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Division of Corporations
Public Access System

Electronic Filing Cover Sheet

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To:

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

From:

Account Name : COMPUTAX USA INC.
Account Number : I20000000254
Phone : (727) 546-3335
Fax Number : (727) 546-3365

FLORIDA/FOREIGN LIMITED LIABILITY CO.

PRO NURSING SERVICES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
07 MAY 31 PM 4:08

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

07 MAY 31 AM 10:04

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SECRETARY OF STATE
DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA
LIMITED LIABILITY COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

PRO NURSING SERVICES, LLC

ARTICLE II - Address:

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

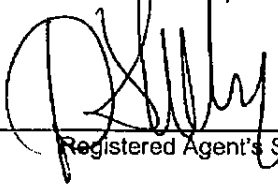
**11920 31st Court N
ST. Petersburg FL, 33716**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

**Daniel Stanislawek
11920 31st Court N
St. Petersburg FL, 33716**

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

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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:

Name and Address:

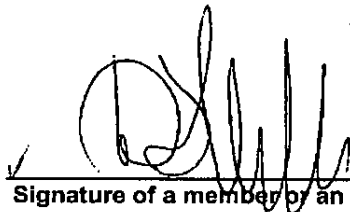
Manager

Daniel Stanislawek
11920 31st Court N
St. Petersburg FL 33716

Manager

Cindy Nelson
114 Shallow Creek
Ashford AL 36312

REQUIRED SIGNATURE:



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

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

Daniel Stanislawek

Typed or printed name of signee

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