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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Nurses National, LLC

Certificate of Status	0
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July 11, 2008

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CSM SERVICES, LLC

SUBJECT: NURSES NATIONAL, LLC
REF: W08000032855

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

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Neysa Culligan
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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608 and/or 621, F.S.

FILED
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SECRETARY OF STATE
TALLAHASSEE FLORIDA**ARTICLE I NAME**

The name of the Limited Liability Company is:

NURSES NATIONAL, LLC

ARTICLE II ADDRESS

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

16105 MCGLAMERY ROAD

ODESSA, FLORIDA 33556

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

A1A REGISTERED AGENT, INC.

5647 110TH AVENUE NORTH

ROYAL PALM BEACH, FLORIDA 33411

Having been named as registered agent 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.

x Tina Make TINA MAKE PRES 7/11/08
A1A REGISTERED AGENT, INC. / Registered Agent's signature

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NURSES NATIONAL, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

MICHAEL JUSTIN MEYER

16105 MCGLAMERY ROAD

ODESSA, FLORIDA 33556

MANAGING MEMBER

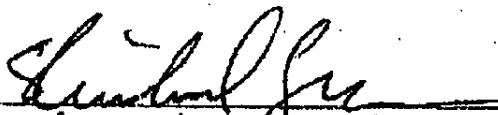
JEFFREY MICHAEL FREDERICK

3111 WEST DELEON STREET

TAMPA, FLORIDA 33609

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TALLAHASSEE FLORIDA

x



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.

MICHAEL JUSTIN MEYER