

L10000046529

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

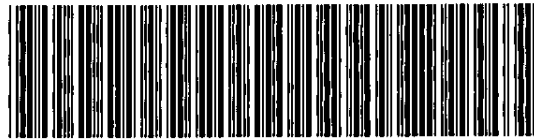
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MAY 3 2010

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195  
REFERENCE : 369437 7658329  
AUTHORIZATION : *[Signature]*  
COST LIMIT : \$ 150.00

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ORDER DATE : April 30, 2010  
ORDER TIME : 11:53 AM  
ORDER NO. : 369437-005  
CUSTOMER NO: 7658329

CONVERSION

NAME: A NURSE @ YOUR SERVICE, INC.  
--INTO--  
A NURSE @ YOUR SERVICE, LLC

XX CERTIFICATE OF CONVERSION & ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Carina L. Dunlap -- EXT# 2951

EXAMINER'S INITIALS: \_\_\_\_\_

**Certificate of Conversion  
For  
"Other Business Entity"  
Into  
Florida Limited Liability Company**

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P06000071220

This Certificate of Conversion and attached Articles of Organization are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: **A Nurse @ Your Service Inc.**
2. The "Other Business Entity" is a corporation first organized, formed or incorporated under the laws of Florida on May 19, 2006.
3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: **A Nurse @ Your Service, LLC.**

Signed this 28<sup>th</sup> day of April, 2010.

**Signature of Member of Limited Liability Company:**

Signature of Member: \_\_\_\_\_

Printed Name: Marjorie Civil

Title: Managing Member

**Signature on behalf of Other Business Entity:**

Signature: \_\_\_\_\_

Printed Name: Marjorie Civil

Title: President

**ARTICLES OF ORGANIZATION  
OF  
A NURSE @ YOUR SERVICE, LLC**

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The undersigned, being authorized to execute and file these Articles of Organization, hereby certifies that:

**ARTICLE I — Name:**

The name of the limited liability company (hereinafter referred to as the "Company") is **A NURSE @ YOUR SERVICE, LLC**

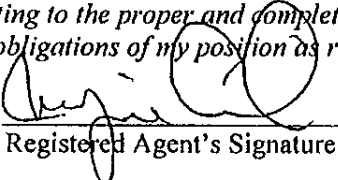
**ARTICLE II — Address:**

The mailing address and street address of the principal office of the Company is 6015 Washington Street, 2<sup>nd</sup> Floor, Hollywood, Florida 33023.

**ARTICLE III — Registered Agent:**

The name and the Florida street address of the initial registered agent are Marjorie Civil, 6015 Washington Street, 2<sup>nd</sup> Floor, Hollywood, Florida 33023.

*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*

  
Registered Agent's Signature

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

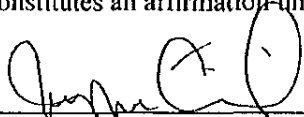
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	<u>Name and Address:</u>
MGRM	Marjorie Civil 6015 Washington Street 2 <sup>nd</sup> Floor Hollywood, Florida 33023

**ARTICLE V — Limitation on Agency Authority of Members:**

Pursuant to section 608.4235 of the Florida Limited Company Act, no member of the Company shall be, or have the authority to act as, an agent of the Company solely by virtue of being a member of the Company.

(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.)

  
\_\_\_\_\_  
Marjorie Civil, Managing Member  
Date: April 28, 2010