

L10000064134

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TALLAHASSEE, FLORIDA

D. BRUCE

FEB 02 2011

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Bridges Medical Staffing LLC
Name of Limited Liability Company

The enclosed Articles of Amendment and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Laura Smith

Name of Person

Bridges Medical Staffing LLC

Firm/Company

12615 Brady Place BLVD

Address

Jacksonville, FL 32223

City/State and Zip Code

laura@bridgesmedicalstaffing.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Smith

Name of Person

at (904) 755-1311

Area Code & Daytime Telephone Number

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TALLAHASSEE, FLORIDA

Enclosed is a check for the following amount:

☒ \$25.00 Filing Fee

☐ \$30.00 Filing Fee &
Certificate of Status

☐ \$55.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$60.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 25, 2011

LAURA SMITH
12615 BRADY PLACE BLVD
JACKSONVILLE, FL 32223

SUBJECT: BRIDGES MEDICAL STAFFING LIMITED LIABILITY COMPANY
Ref. Number: L10000064134

We have received your document for BRIDGES MEDICAL STAFFING LIMITED LIABILITY COMPANY and your check(s) totaling \$25.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must title your document "Amended and Restated" see enclosed sample.

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

If you have any questions concerning the filing of your document, please call (850) 245-6984.

Deborah Bruce
Regulatory Specialist II

Letter Number: 811A00002073

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TALLAHASSEE, FLORIDA

**AMENDED AND RESTATED ARTICLES OF
ORGANIZATION
OF
BRIDGES MEDICAL STAFFING, LIMITED LIABILITY
COMPANY**

The following provisions are hereby amended and now read as follows:

The undersigned, for the purposes of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statute Chapter 608, hereby make, acknowledge, and file the following Articles of Organization:

ARTICLE I – NAME

The name of the limited liability company shall be **Bridges Medical Staffing, Limited Liability Company** (from hereinafter referred to as the “Company”).

ARTICLE II – ADDRESS

The mailing address and street address of the principal place of business of the Company is 12615 Brady Place Boulevard, Jacksonville, Florida, 32223.

ARTICLE III – DURATION

The Company shall commence its existence, as an ongoing concern, on the date these Articles of Organization are filed with the Florida Department of State. The Company’s existence shall be perpetual unless the Company is dissolved at an earlier time as provided in these Articles of Organization.

ARTICLE IV – PURPOSES AND POWERS

In addition to the powers authorized by the laws of the State of Florida for limited liability companies, the general nature of the business and/or businesses to be transacted, and for which the Company is authorized to transact, shall be as follows:

1. To engage in any activity or business authorized under the Florida Statutes;
2. Generally, to carry on any and all incidental business; to have and exercise all of the powers conferred by the laws of the State of Florida; and to do any and all things as set forth within, and not inconsistent with, these Articles of Organization.

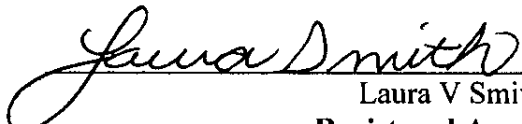
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carry on any business, exercise any power, do any act, or otherwise, for which a limited liability company, may not, under the laws of the State of Florida, lawfully carry on, exercise, do, undertake or perform.

ARTICLE V – REGISTERED OFFICE AND AGENT

The name and street address of the registered agent of the Company in the State of Florida is **Laura V Smith, at 12615 Brady Place Blvd Jacksonville, FL 32223.**

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, Florida Statutes.


Laura V Smith
Registered Agent

ARTICLE VI – CHARTER & AUTHORITY

The undersigned, hereby declare, that these Articles of Organization shall serve as the Charter of authority for the conduct of business of the Company.

ARTICLE VII – EXERCISE OF POWERS

All Company powers, business, matters, and affairs, shall be exercised by the undersigned member of the Company, and shall be managed under the discretion and direction of the undersigned member of the Company.

ARTICLE VII – MANAGEMENT

This limited liability Company is to be managed by the undersigned member and is, therefore, a member-managed company. The aforementioned member-management shall be done pursuant to and in accordance with, these Articles of Organization, as adopted by the undersigned member for the management of the business affairs of the Company. The name and address of the originating member of the Company is:

NAME

Laura V. Smith

ADDRESS

12615 Brady Place Boulevard,
Jacksonville, Florida, 32223

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IN WITNESS WHEREOF, the undersigned organizers have made and subscribed these Articles of Organization on this the 20th day of January, 2010.

In accordance with Section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

Laura Smith

Name: Laura V. Smith

Title: Member Manager

Address: 12615 Brady Place Blvd
Jacksonville, FL 32223

**STATE OF FLORIDA
COUNTY OF DUVAL**

Sworn to and subscribed to before me, an officer duly qualified to take oaths, did personally appear **Laura V. Smith**, who is personally known to me or who did produce valid Florida Driver's Licenses as identification and affirm that they executed the foregoing.

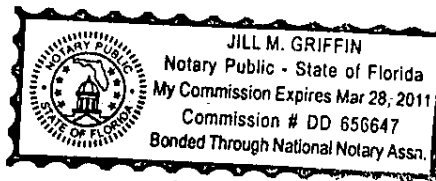
Jill Griffin

Signature of Notary Public, State of Florida

Jill Griffin

Printed name of Notary Public, State of Florida

My Commission expires:



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