

L/0000123439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600187731216

11/30/10--01019--015 **130.00

Effective Date 11-27-10

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 NOV 29 PM 12:13

FILED

J. SAULSBERRY
EXAMINER

DEC 1 2010

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: BROWARD SCHOOL OF NURSING, LLC
Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

DALE MOORE

Name of Person

BROWARD SCHOOL OF NURSING, LLC

Firm/Company

2310 NW 60TH TERRACE

Address

SUNRISE, FLORIDA 33313

City/State and Zip Code

CZHC_INC@YAHOO.COM

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

For further information concerning this matter, please call:

DALE MOORE

Name of Person

at (**754**) **234-5187**

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 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

FILED
2010 NOV 29 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BROWARD SCHOOL OF NURSING. LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

2310 NW 60TH TERRACE
SUNRISE, FLORIDA 33313

Mailing Address:

2310 NW 60TH TERRACE
SUNRISE, FLORIDA 33313

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

BRIDGET IRVING

Name

6841 NW 81ST PLACE

Florida street address (P.O. Box **NOT** acceptable)

TAMARAC, FL 33321

City, State, and Zip

FILED
2010 NOV 29 PM 12:13
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 (REQUIRED)

(CONTINUED)

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

DALE MOORE, MGR

2310 NW 60TH TERRACE
SUNRISE, FLORIDA 33313

ELAINE COKE, MGRM

3204 NW 89TH TERRACE
CORAL SPRINGS, FLORIDA 33065

BRIDGET IRVING, MGRM

6841 NW 81ST PLACE
TAMARAC, FLORIDA 33321

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: NOVEMBER 27TH 2010 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

DALE MOORE

Typed or printed name of signee

Filing Fees:

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)