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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Business Entity Name)
(Business Entity Name)
(Document Number)
(2001.1010.1010.)
Certified Copies Certificates of Status
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Special Instructions to Filing Officer:
A. LUNT
FEB -4 2010
EXAMINER
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02/02/11--01009--022 **160.00

FILING CANCELLED RETURNED CHECK

SECRETARY OF STATE TALLAHASSEE. FLORIDA

TITU

COVER LETTER

TO:

Registration Section **Division of Corporations** SUBJECT: Stanfield Legal Nurse Consulting, LLC Name of Limited Liability Company The enclosed Articles of Organization and fee(s) are submitted for filling. Please return all correspondence concerning this matter to the following: Rita Stanfield Name of Person Stanfield Legal Nurse Consulting, LLC Ficm/Company rstanfield.Inc@gmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Rita Stanfield ,262-6669 Name of Person Area Code & Daytime Telephone Number Enclosed is a check for the following amount: □\$125.00 Filing Fee ■\$130.00 Filing Fee & □\$155.00 Filing Fee & ☑ \$160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed) (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

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	무유 =		
ARTICLES OF ORGANIZATION FOR FL	ORIDA LIMITED LIABILITY EMMANY		
ARTICLE I - Name:	75.55 S.55 S.55 S.55 S.55 S.55 S.55 S.55		
The name of the Limited Liability Company is:	E P		
the name of the Emmed Elatinity Company is,			
			
Stanfield Legal Nurse Consulting, LLC	STATE STATE		
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the pri	incipal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
1808 SW V-ma	STATES Gainesville, FL		
The Street	garatoron Gainesville, FL		
Gaincsville, FL	Gainosyllia El 32008 32607		
32607			
ARTICLE III - Registered Agent Registered (The Limited Liability Company cannot serve as its own Regist	Office, & Registered Agent's Signature:		
business entity with an active Florida registration.)	area Agent. For must designate an individual of infother		
The name and the Florida street address of the registered agent are:			
M. Stephen Stanfield			
Name			
, . 			
4809 SW 91st Terrace			
Florida street address (P.O. Box NOT acceptable)			
Gainesville	FL 32608		
City, Stat	te, and Zip		
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as registed.	eccept service of process for the above stated limited als certificate. I hereby accept the appointment as a limited accept the appointment as a limiter agree to comply with the provisions of all formance of my duties, and I am familiar with and acred agent as provided for in Chapter 608, F.S., are (REQUIRED)		
(CONTINUED)			

Page 1 of 2

		THE
ARTICLE IV- Manager(s) or Mai	naging Member(s):	The Part of the Pa
	iger or Managing Member is as follows:	SERVIN PR
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	FLORIE S
MGRM	Rita Stanfield	·····
	4809 SW 9151 Terrace 1808 SW TO	8th Strect FL 32607

(Use attachment if necessary)

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.)

Rita Stanfield
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)

Date of this notice: 08-02-2010

Employer Identification No ber: 27-3158178

Form: SS-4

Number of this notice? CP (\$75 G

STANFIELD LEGAL NURSE CONSULTING LLC RITA A STANFIELD SOLE MBR 4809 SW 91ST TER GAINESVILLE, FL 32608

For assistance you may call us at: 1-800-829-4933

IF YOU WRITE, ATTACH THE STUB AT THE END OF THIS NOTICE.

WE ASSIGNED YOU AN EMPLOYER IDENTIFICATION NUMBER

. Thank you for applying for an Employer Identification Number (EIN). We assigned you EIN 27-3158178. This EIN will identify you, your business accounts, tax returns, and documents, even if you have no employees. Please keep this notice in your permanent records.

When filing tax documents, payments, and related correspondence, it is very important that you use your EIN and complete name and address exactly as shown above. Any variation may cause a delay in processing, result in incorrect information in your account, or even cause you to be assigned more than one EIN. If the information is not correct as shown above, please make the correction using the attached tear off stub and return it to us.

A limited liability company (LLC) may file Form 8832, Entity Classification Election, and elect to be classified as an association taxable as a corporation. If the LLC is eligible to be treated as a corporation that meets certain tests and it will be electing S corporation status, it must timely file Form 2553, Election by a Small Business Corporation. The LLC will be treated as a corporation as of the effective date of the S corporation election and does not need to file Form 8832.

To obtain tax forms and publications, including those referenced in this notice, visit our Web site at www.irs.gov. If you do not have access to the Internet, call 1-800-829-3676 (TTY/TDD 1-800-829-4059) or visit your local IRS office.

IMPORTANT REMINDERS:

- * Keep a copy of this notice in your permanent records. This notice is issued only one time and the IRS will not be able to generate a duplicate copy for you.
- * Use this EIN and your name exactly as they appear at the top of this notice on all your federal tax forms.
- * Refer to this EIN on your tax-related correspondence and documents.

If you have questions about your EIN, you can call us at the phone number or write to us at the address shown at the top of this notice. If you write, please tear off the stub at the bottom of this notice and send it along with your letter. If you do not need to write us, do not complete and return the stub. Thank you for your cooperation.

(IRS USE ONLY) 575G 08-02-2010 STAN O 9999999999 SS-4

Keep this part for your records. CP 575 G (Rev. 7-2007)

Return this part with any correspondence so we may identify your account. Please correct any errors in your name or address.

CP 575 G

999999999

Your Telephone Number Best Time to Call DATE OF THIS NOTICE: 08-02-2010 (352) 262 - 6669

EMPLOYER IDENTIFICATION NUMBER: 27-3158178

NOBOD FORM: SS-4

INTERNAL REVENUE SERVICE CINCINNATI OH 45999-0023 Irlaldaldaladadalladlaallaadallalldalad STANFIELD LEGAL NURSE CONSULTING RITA A STANFIELD SOLE MBR 4809 SW 91ST TER GAINESVILLE, FL 32608