

**L11000095252**

**Florida Department of State  
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**FLORIDA LIMITED LIABILITY CO.  
MEDCHOICE STAFFING, LLC**

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Audit # H11000207035  
**ARTICLES OF ORGANIZATION FOR FLORIDA  
LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name and Address**

The name of this Limited Liability Company is:

**MEDCHOICE STAFFING, LLC**

The mailing address and street address of the Limited Liability Company are:

**902 Jetty Ct.  
Ponte Vedra, FL 32082**

**ARTICLE II**

**Term of Existence**

This Limited Liability Company shall have perpetual existence, commencing upon the date of filing of these Articles with the Florida Department of State.

**ARTICLE III**

**Purpose and Powers**

This Limited Liability Company is organized for the purpose of transacting any and all lawful business for which a Limited Liability Company may be organized under the laws of the State of Florida.

**ARTICLE IV**

**Powers**

The Limited Liability Company shall have the powers granted to a Limited Liability Company under the laws of the State of Florida.

This form was prepared with the assistance of CourtAccess Centers of America, Inc., a non-lawyer located at 3812 W Linebaugh Ave., Suite 102, Tampa, FL 33618,, 813-875-1333.

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**ARTICLE V**  
**Initial Registered Office and Agent**

The street address of the initial registered office of this Limited Liability Company is:

**902 Jetty Ct.  
Ponte Vedra, FL 32082**

and the name of its registered agent at such address is:

**Catherine Odom**

**ARTICLE VI**  
**Management**

This Limited Liability Company shall have One Manager(s) or Managing Member(s).

The name and address of Manager(s) or Managing Member(s) are:

**Name and Address**

**Catherine Odom, Managing Member  
902 Jetty Ct.  
Ponte Vedra, FL 32082**

Dated: Thursday, August 18, 2011

  
Catherine Odom

AUG-18-2011 15:11 From:

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**ACCEPTANCE BY REGISTERED AGENT**

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.

Date: August 18, 2011



Catherine Odom

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