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(Business Entity Name)

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JUN 29 2011

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: VIVA MEDICAL STAFFING 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:

**JAYANT PATEL MD**

Name of Person

**VIVA MEDICAL STAFFING LLC**

Firm/Company

**1412 W WATERS AVE. STE:205**

Address

**TAMPA, FL 33604**

City/State and Zip Code

**JPATEL@VIVA MEDICAL STAFFING.COM**

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

For further information concerning this matter, please call:

**USHIR PATEL**

Name of Person

at ( **813** ) **504-0458**

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

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

**VIVA MEDICAL STAFFING 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:

1412 W WATERS AVE. STE:205  
TAMPA, FL 33604-2802

### Mailing Address:

1412 W WATERS AVE. STE:205  
TAMPA, FL 33604-2802

## 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:

JAYANT PATEL MD

Name

12402 MEMORIAL HWY

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

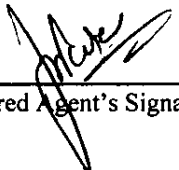
TAMPA

FL 33635

City, State, and Zip

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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)

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

"MGRM" = Managing Member

JAYANT PATEL MD  
12402 MEMORIAL HWY  
TAMPA, FL 33635

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JAYANT PATEL MD  
12402 MEMORIAL HWY  
TAMPA, FL 33635

ALL H.S. SEE FLORIDA

(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.)

*[Signature]*  
or an author

(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.)

Typed or printed name of signee

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