

L12000088374

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

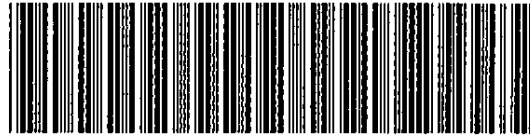
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



600237023476

Effective Date 7-15-12

07/02/12--01048--029 \*\*130.00

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2012 JUL -2 AM 8:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. SAULSBERRY  
EXAMINER

JUL 6 2012

Suzanne K. Scribner  
8227 Provencia Court  
Fort Myers, Fl. 33912

To: Florida Department of State

June 29, 2012

Please note the attached Articles of Organization for my LLC, Kelly Healthcare Enterprises and the enclosed check # 718 for the filing fee and the certificate of status.

Please note my business contact information :

Suzanne K. Scribner

8227 Provencia Court  
Fort Myers, Fl. 33912

Business email: [suzannethcs@gmail.com](mailto:suzannethcs@gmail.com)

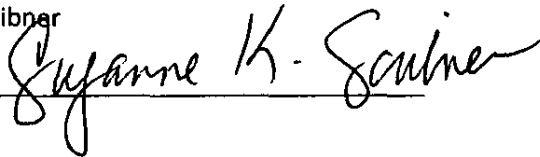
Office Line: 239-561-2817

Cell: 239-823-1213

Regards-

Suzanne K. Scribner

Signature

A handwritten signature in cursive script, reading "Suzanne K. Scribner", written over a horizontal line.

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2012 JUL -2 AM 6:50  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

**Kelly Healthcare Enterprises, 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:

8227 Provencia Court  
Fort Myers, Fl. 33912

#### Mailing Address:

8227 Provencia Court  
Fort Myers, Fl. 33912

### 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:

Suzanne Kelly Scribner

Name

8227 Provencia Court

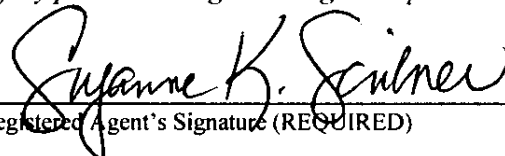
Florida street address (P.O. Box **NOT** acceptable)

Fort Myers FL 33912

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)

**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:**

Manager

Suzanne Kelly Scribner

8227 Provencia Court

Fort Myers, Fl. 33912

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TALLAHASSEE, FLORIDA

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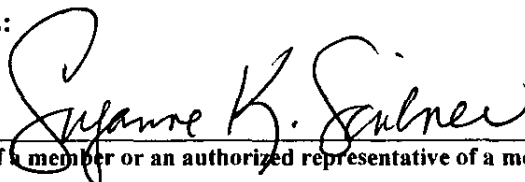
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(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: July 15th, 2012. (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.)

SUZANNE K. SCRIBNER

Typed or printed name of signer

**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)