#1/2000/05823

(Requestor's Name)		
(Address)		
(Address)		
(City/State/Zip/Phone #)		
PICK-UP	MAIT	MAIL
(Business Entity Name)		
(Document Number)		
(50	ounion Namber	
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
`		·

Office Use Only



300237073153

08/17/12--01001--005 **125.00

2012 AUG 16 PH 3: 25

W AUG 16 PM 3 37

K. SALY EXAMINER AUG 1 6 2012 **TO:** Registration Section

Division of Corporations

SUBJECT: Hopewell Nurse Registry Region 1, LLC

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

Please return all correspondence concerning this matter to the following:

Blake Hayward HAYWARD & GRANT, PA 2121 Killarney Way, Suite G Tallahassee, FL 32309

E-mail address (to be used for future annual report notification): blakehayward@haywrdgrant.com

For further information concerning this matter, please call:

Blake Hayward at (850) 386-4400

Enclosed is a check for the following amount: \$125.00 Filing Fee

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

ARTICLES OF ORGANIZATION

FILED 12 AUG T6 PM 3:37

OF

DEUTE MAY UT STATE HOPEWELL NURSE REGISTRY REGION 1/ALLCHASSEE, FLORIDA

ARTICLE I - NAME

The name of the limited liability company is Hopewell Nurse Registry Region 1, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address: 2121-H Killarney Way Tallahassee, FL 32309

Mailing Address: 2121-H Killarney Way Tallahassee, FL 32309

ARTICLE III - REGISTERED AGENT. REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Blake Hayward 2121-G Killarney Way Tallahassee, FL 32309

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..

Blake Hayward

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Name and Address:

 $\overline{MG}R'' = Manager$

"MGMR" = Managing Member

MGR

Blake Hayward 2121-G Killarney Way Tallahassee, FL 32309

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.)

Blake Hayward
Typed or printed name of signee