

LU200021289

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H12000232184 3)))



H120002321843ABCX

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations
Fax Number : (850) 617-6383

From:

Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 435-9885

RECEIVED
12 SEP 21 AM 10:42
SHERIFF OF STATE
ONE
TALLAHASSEE, FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Aperio Legal Nurse Consultants LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

RECEIVED
12 SEP 21 AM 10:30
SHERIFF OF STATE
ONE
TALLAHASSEE, FLORIDA

FILED

G. MCLEOD

Electronic Filing Menu

Corporate Filing Menu

Help

SEP 24 2012
EXAMINER

H12000232184 3

**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

APERIO LEGAL NURSE CONSULTANTS LLC

ARTICLE II ADDRESS

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

5 INDIAN HARBOUR COURT
INDIAN HARBOUR BEACH, FLORIDA 32937**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

SHARON L SMITH
5 INDIAN HARBOUR COURT
INDIAN HARBOUR BEACH, FLORIDA 32937RECEIVED
SECRETARY OF STATE
FLORIDA
TALLAHASSEE, FLORIDAFILED
12 SEP 21 AM 10:30

Having been named as registered agent 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.

x Sharon L Smith
SHARON L SMITH / Registered Agent's signature

H12000232184 3

H12000232184 3

PAGE 2 APERIO LEGAL NURSE CONSULTANTS LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS

MANAGING MEMBER

SHARON L SMITH

5 INDIAN HARBOUR COURT

INDIAN HARBOUR BEACH, FLORIDA 32937

x Sharon L Smith

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.)

SHARON L SMITH

H12000232184 3