

Florida Department of State

Division of Corporations
Electronic Filing Cover Sheet

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Division of Corporations
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EFFECTIVE DATE

11/1/2013

**FLORIDA LIMITED LIABILITY CO.
PALLIATIVE NURSE SOLUTION LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
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Corporate Filing Menu

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EXAMINER

H12000297927

EFFECTIVE DATE 1/1/2013

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Palliative Nurse Solution LLC
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")FILED
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ARTICLE II - Address:

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

Principal Office Address:8474 NW 103 ST
103 G Nealeah Garden
FL 33016Mailing Address:Zurama Valdes@yahoo.com

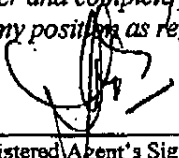
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(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:

Zurama Valdes
Name5350 W 21 Court apt #305
Florida street address (P.O. Box NOT acceptable)Nealeah FL 33016
City, State, and Zip

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)

Page 1 of 2

H12000297927

H 120002979-27

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:

NOV 24

Zurana Vides
5350 W 91 Court apt #203
Shaker Rd 33016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01-01-13. (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:

[Handwritten 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.)

Terama Valdes
Typed or printed name of signee

Typed or printed name of signee

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)

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