

#L13000059096

(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



800246648418

04/15/13--01025--016 **208.75

FILED
13 APR 19 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALY
EXAMINER

APR 23 2013

(850) 245-6051.

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: **GULF COAST NURSE RGISTRY, L.L.C.**

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:

DAVID A. SCHWARTZ, ESQUIRE

Name of Person

DAVID A. SCHWARTZ, P.A.

Firm/Company

150 S. PINE ISLAND ROAD, SUITE 416

Address

PLANTATION, FL 33324

City/State and Zip Code

gcann@alternativehomehealth.com

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

For further information concerning this matter, please call:

DAVID A. SCHWARTZ, ESQ. at **954** **472-0199**

Name of Person

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

**ARTICLES OF ORGANIZATION FOR
GULF COAST NURSE REGISTRY, L.L.C.,
a Florida Limited Liability Company**

FILED
13 APR 15 AM 11:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLE I
NAME**

The name of the Limited Liability Company is:

GULF COAST NURSE REGISTRY, L.L.C.

**ARTICLE II
PRINCIPAL ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is 6981 West Commercial Blvd., Tamarac, Florida 33319.

**ARTICLE III
DURATION**

The Limited Liability Company shall exist in perpetuity from the date of filing these Articles with the Department of State, unless otherwise dissolved.

**ARTICLE IV
POWERS**

The Limited Liability Company shall have the power to conduct business in the State of Florida and throughout the world, and the Limited Liability Company shall have the power to do all and everything not prohibited to it by law.

**ARTICLE V
MANAGEMENT**

The Limited Liability Company is to be managed by the managers and the names and addresses of the managing members and initial members are as follows:

A. GEORGE CANN
Managing Member
6981 W. Commercial Blvd.
Tamarac, FL 33319

CAROLYN CANN
Member
6981 W. Commercial Blvd.
Tamarac, FL 33319

CARLA J. ALBANO
Managing Member
6981 W. Commercial Blvd.
Tamarac, FL 33319

WOODY GUDAT
Member
6981 W. Commercial Blvd.
Tamarac, FL 33319

RENEE ANTER

Member

6981 W. Commercial Blvd.

Tamarac, FL 33319

ARTICLE VI
REGISTERED AGENT

The initial registered agent of this Limited Liability Company and his address is as follows: David A. Schwartz, Esquire, 150 South Pine Island Road, Suite 416, Plantation, Florida 33324.

ARTICLE VII
MEMBERS RIGHTS TO CONTINUE BUSINESS

Upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the Limited Liability Company, the remaining members of the Limited Liability Company shall have the right to continue the business of the Company.

ARTICLE VIII
MEMBERS RIGHT TO ADMIT ADDITIONAL MEMBERS

The members shall have the right and power to admit additional members to the Limited Liability Company pursuant to terms and conditions as may be set forth in Regulations to be adopted from time to time.

ARTICLE IX
WITHDRAWAL OF MEMBERS

Any Member of the Limited Liability Company may withdraw as a member of the Limited Liability Company upon the terms and conditions as may be specified in the Regulations of the Limited Liability Company as adopted and amended from time to time.

ARTICLE X
TRANSFERS AND ASSIGNMENTS OF MEMBERS INTERESTS

The transfer or assignment of a Member's interest, or part thereof, in the Limited Liability Company shall be governed by the terms and conditions of the Regulations of the Limited Liability Company as may be adopted and amended from time to time, and by such Buy-Sell Agreement as the members may adopt.

ARTICLE XI
CERTIFICATES OF INTEREST

Each Member's interest in the Limited Liability Company shall be evidenced by a "Certificate of Limited Liability Company Interest" issued to the Member by the Limited Liability Company.

ARTICLE XII
REGULATIONS

The members shall have the power to adopt, alter, amend or repeal Regulations of the Limited Liability Company containing provisions for the regulation and management of the affairs of the Company.

IN WITNESS WHEREOF, the undersigned, has made and subscribed these Articles of Organization for a Limited Liability Company at the City of Plantation, Broward County, Florida, for the uses and purposes aforesaid this 12th day of April, 2012.



DAVID A. SCHWARTZ, ESQUIRE
Registered Agent and
Authorized Representative

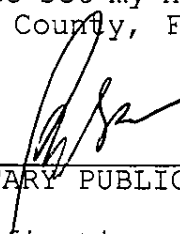
STATE OF FLORIDA)
COUNTY OF BROWARD)

BEFORE ME, the undersigned authority, personally appeared David A. Schwartz, who is to me well known to be the person described in and who subscribed the above and foregoing Articles of Organization; and he has freely and voluntarily acknowledged before me according to law that he made and subscribed the same for the uses and purposes therein mentioned and set forth.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal, at Plantation, Broward County, Florida, this 12th day of April, 2013.



PATRICIA S. ETKIN
MY COMMISSION # EE 005896
EXPIRES: July 1, 2014
Bonded Thru Budget Notary Services

My Commission Expires _____  _____
NOTARY PUBLIC-STATE OF FLORIDA

Personally Known ☒ OR Produced Identification _____

Type of Identification Produced _____

Did Take Oath _____ OR Did Not Take Oath ☒

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned Limited Liability Company submits the following statement in designating the registered agent/registered office in the State of Florida.

1. The name of the limited liability company is **GULF COAST NURSE REGISTRY, L.L.C.**

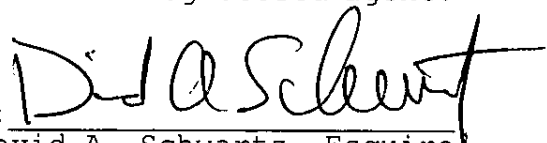
2. The name and address of the registered agent and office is:

David A. Schwartz, Esquire
150 S. Pine Island Road, Suite 416
Plantation, Florida 33324

ACKNOWLEDGEMENT:

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.

Dated: April 12, 2013

By: 
David A. Schwartz, Esquire
Registered Agent