

# L1300043830

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To:

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

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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

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 TALLAHASSEE FLORIDA

## FLORIDA LIMITED LIABILITY CO. SUPERIOR NURSE PARTNERS, LLC

Certificate of Status	0
Certified Copy	1
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OCT 11 2013

D. BRUCE

EFFECTIVE DATE 10/10/13



October 11, 2013

FLORIDA DEPARTMENT OF STATE

Division of Corporations

EMPIRE CORPORATE KIT COMPANY

SUBJECT: SUPERIOR NURSE PARTNERS, LLC  
REF: W13000056796

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the Florida street address for the registered agent.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Deborah Bruce  
Regulatory Specialist II

FAX Aud. #: H13000226372  
Letter Number: 313A00023918

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2017 OCT 10 PM 12:18

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P.O. BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I**

The name of the Limited Liability Company is: **SUPERIOR NURSE PARTNERS, LLC**

**ARTICLE II**

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

8362 Pines Boulevard  
#272  
Pembroke Pines, FL 33024

The mailing address of the Limited Liability Company is:

8362 Pines Boulevard  
#272  
Pembroke Pines, FL 33024

**ARTICLE III**

The purpose for which this Limited Liability Company is organized is:


**ANY AND ALL LAWFUL BUSINESS**

**ARTICLE IV**

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

Joan Quinland  
8362 Pine Blvd #272  
Pembroke Pines, FL 33024

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 obligation of my position as registered agent.

  
Registered Agent's Signature

EFFECTIVE DATE 10/10/13

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ARTICLE V

The name and address of managing member/manager is:

Title: MGRM  
Joan Quinland  
8362 Pines Boulevard  
#272  
Pembroke Pines, FL 33024

ARTICLE VI

The effective date for this Limited Liability Company shall be:

October 10, 2013

  
Joan Quinland, Managing 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.

JOAN QUINLAND

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