

# L14000097817

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(Requestor's Name)

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(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

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☐ WAIT

☐ MAIL

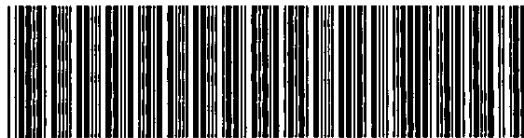
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

N. G. G. JUN - 8 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: CORE NURSING INSTITUTE LLC.**  
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:

JUNIOR DORVILUS

Name of Person

CORE NURSING INSTITUTE LLC.

Firm/Company

14576 KEYLIME BLVD

Address

LOXAHATCHEE, FL 33470

City/State and Zip Code

adfluentia@gmail.com

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

For further information concerning this matter, please call:

Junior Dorvilus at ( 561 ) 662-8306  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |                                              |                                                                         |                                                                                                              |                                                                                                                             |
|----------------------------------------------|-------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 6, 2014

JUNIOR DORVILUS  
14576 KEYLIME BLVD.  
LOXAHATCHEE, FL 33470

SUBJECT: CORE NURSING INSTITUTE, LLC DBA CNI, LLC  
Ref. Number: W14000035288

We have received your document for CORE NURSING INSTITUTE, LLC DBA CNI, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Article 5 the Registered Agents name must be same.

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.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 614A00012234

# ARTICLES OF ORGANIZATION

OF

CORE NURSING INSTITUTE, LLC

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2014 JUN 18 PM 3:16

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, Florida Statutes Chapter 605, hereby makes, acknowledges, and files the following Articles of Organization.

## ARTICLE 1 – NAME

The name of the limited liability company shall be CORE NURSING INSTITUTE, LLC

## ARTICLE 2 – ADDRESS

The principal place of business of the Company in Florida shall be 14576 Key Lime Blvd, FL 33470 and the mailing address shall be the same.

## ARTICLE 3 – EFFECTIVE DATE

These Articles of Organization shall be effective immediately upon approval of the Secretary of State, State of Florida.

## ARTICLE 4 – DURATION

Subject to the provisions of Article 8, the Company's existence shall terminate no later than 99 years from its date of commencement, unless the Company is earlier dissolved as provided in these Articles of Organization.

## ARTICLE 5 – PURPOSES AND POWERS

The general purpose for which the Company is organized is to transact any lawful business for which a limited liability company may be organized under the laws of the State of Florida such as nursing academic education, healthcare training, seminar, etc... The Company shall have all the powers granted to a limited liability company under the laws of the State of Florida.

## ARTICLE 6 – REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Company is Adfluentia Realty Management, LLC, at 14576 Key Lime Blvd, Loxahatchee FL 33470. The name and address of the registered agent of this Company is Adfluentia Realty Management, LLC, at 14576 Key Lime Blvd, Loxahatchee FL 33470.

## ARTICLE 7 – ADMISSION OF NEW MEMBERS

No additional member (s) shall be admitted to the Company except with the unanimous consent of all the member (s) of the Company and upon such terms and conditions as shall be determined by all the member (s). A member may transfer his or her interest in the Company as set forth in the regulations of the Company, but the transferee shall have no right to participate in the management of the business and affairs of the Company or become a member unless all the other member (s) of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

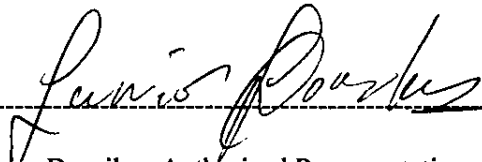
## ARTICLE 8 – TERMINATION OF EXISTENCE

The Company shall be dissolved upon death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or manager, or upon the occurrence of any other event that terminated the continued membership of a member in the Company, unless the business of the Company is continued by the consent of all the remaining members, provided there are at least one remaining member.

## ARTICLE 9 – MANAGEMENT

The Company shall be managed by a manager or manager (s) in accordance with regulations adopted by the member (s) for the management of the business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the Company not inconsistent with law or these Articles of Organization.

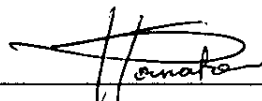
IN WITNESS WHEREOF, The undersigned, an authorized representative of the members, has made and subscribed these Articles of Organization in Palm Beach County, Florida, for the foregoing uses and purposes, this May 28, 2014.

  
\_\_\_\_\_  
Junior Dorvilus, Authorized Representative of the Members

ACCEPTANCE OF REGISTERED AGENT DESIGNATED IN ARTICLES OF ORGANIZATION

Adfluentia Realty Management, having a business office identical with the registered office of the Company name above, and having been designated as the Registered Agent in the above and foregoing Articles of Organization, is familiar with and accepts the obligations of the position of Registered Agent as provided for in Chapter 605, F.S..

Adfluentia Realty Management LLC

By   
\_\_\_\_\_  
Shenata Dorvilus, Authorized member

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