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PICK-UP WAIT MAIL
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SECRETARY OF STATE

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COVER LETTER

	Registration Section Division of Corporations		
SUBJEC	T: Inverted Healthcare Staffing of Name of	Floridd Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this	matter to the following:	
	Paul Grigsby	Name of Person	
	Inverted Healthcare Staffing of F	lorida Firm/Company	
	1620 S. Ocean Blvd, #7J	Address	
	Pompano Beach, FL 33062	City/State and Zip Code	
	@invertedhealthcare.com E-mail address: (to be u 130 er information concerning this matter, p	sed for future annual report notification	ation)
Paul Grí	gsby at Name of Person	(310) 863-2954 Area Code Daytime Te	lephone Number
Enclosed	is a check for the following amount:		
\$125.00	-	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations	Street/Courier Add Registration Section Division of Corpora	

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

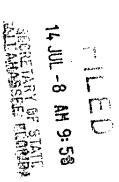
Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Inverted Healthcare Staffing, LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1620 S. Ocean Blvd., #7J Pompano Beach, FL 33062	1620 S. Ocean Blvd., #7J Pompano Beach, FL 33062
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Paul Grigsby Name	tegistered Agent. You must designate an individual or
1620 S. Ocean Blyd. #7 I	
1620 S. Ocean Blvd., #7J Florida street address (P.O. Box I	NOT acceptable)
Pompano Beach	FL 33062
City	Zip
the place designated in this certificate, I hereby accept a capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging	the appointment as registered agent and agree to act in this fall statutes relating to the proper and complete performance gations of my position as registered agent as provided for in r 605, F.S

(CONTINUED)

Page 1 of 2



AMBR Paul Grigsby 1620 S. Ocean Blvd., #7J Pempane Bech. FL 33062 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: Q7/25/2014 (OPTIONAL) Tective date is listed, the date must be specific and cannot be more than five business days prior to or 90 d of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penaltics of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) Paul Grigsby 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)	Title: "AMBR" = Authorize "MGR" = Manager	d Member	Name and Address:	
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ARTICLE IV-

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SEGRETARY OF STATE