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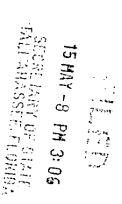
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PICK-UP	☐ WAIT	MAIL MAIL
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Certified Copies	Certificates	of Status
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## **COVER LETTER**

TO: Registration Section Division of Corporations		
SUBJECT: Poston & Associates Legal Nurse	Consultants	<del></del>
Name of Lim	nited Liability Company	
The enclosed Articles of Organization and fee(s) are	e submitted for filing.	
Please return all correspondence concerning this ma	atter to the following:	
Micki Poston	Name of Person	
	Name of Person	
Poston and Associates Legal Nurse	Consultants L.LC. Firm/Company	
2425 Riverview Blvd. W	Address	
Bradenton Florida, 34205	ity/State and Zip Code	
mickiposton@aol.com E-mail address: (to be used	for future annual report notificatio	n)
For further information concerning this matter, plea	se call:	
MickiPoston at (9	)41-     ) 345-7017	
Micki Poston Name of Person	Area Code Daytime Telep	hone Number
Enclosed is a check for the following amount:		
\$125.00 Filing Fee \$\bigset\$\$ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	3\$160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
Mailing Address	Street/Courier Address	<u>s</u>
Registration Section	Registration Section	
Division of Corporations	Division of Corporation	ıs
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center	Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Doctor and Associator	n Lonal Museo Consultar	oto LLC
	s Legal Nurse Consultar ust end with the words "Li	mited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•	and office of the Limited Liebility Company is:
The maining address and	succe address of the princi	pal office of the Limited Liability Company is:
Principal Office Addres	<u>8S:</u>	Mailing Address:
2425 Riverview Blvd. V	<b>N</b> .	4501 Manatee Av. W. #106
The Limited Liability Co	ompany cannot serve as its	Bradenton, Fl. 34209  Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individ-
ARTICLE III - Register (The Limited Liability Control of the Contr		fice, & Registered Agent's Signature: own Registered Agent. You must designate an individentation.)
ARTICLE III - Register (The Limited Liability Coanother business entity versions) The name and the Floridation	ompany cannot serve as its with an active Florida regis a street address of the regis	Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individentation.) stered agent are:
ARTICLE III - Register (The Limited Liability Coanother business entity versions) The name and the Floridation	ompany cannot serve as its with an active Florida regis a street address of the regis Patricia Michelle "Micki"	Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individentation.) stered agent are:
ARTICLE III - Register (The Limited Liability Coanother business entity when the Floridation of the Floridation of the Floridation)  [P. 1]	ompany cannot serve as its with an active Florida regis a street address of the regis Patricia Michelle "Micki"	Tice, & Registered Agent's Signature:  own Registered Agent. You must designate an individuation.)  stered agent are:
ARTICLE III - Register (The Limited Liability Coanother business entity version of the Florida Processing Proc	ompany cannot serve as its with an active Florida regis a street address of the regis Patricia Michelle "Micki"	Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individuation.) stered agent are: Poston Name
ARTICLE III - Register (The Limited Liability Coanother business entity when the rame and the Floridal Properties of the Coanother and the	ompany cannot serve as its with an active Florida regis a street address of the regis Patricia Michelle "Micki"	Tice, & Registered Agent's Signature: own Registered Agent. You must designate an individuation.) stered agent are: Poston Name

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Micki Poston
***	2425 Riverview Blvd. W.
	Bradenton, Fl. 34205
	·
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	<del> </del>
E V: Effective date, if other than the datective date is listed, the date must be s	te of filing: <u>June 1, 2015</u> (OPTIONAL)  pecific and cannot be more than five business days prior to or 90
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E V: Effective date, if other than the date entire date is listed, the date must be sof filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a magnetic of a mag	rember or an authorized representative of a member.  05.0203 (1) (b), Florida Statutes, the execution of this document ler the penalties of perjury that the facts stated herein are true.  Immation submitted in a document to the Department of State:  Immation submitted in a statute of a member.  It is a matter of state:  It is a