

L11d000156076

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

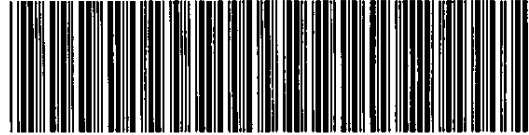
(Business Entity Name)

(Document Number)

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FILED
16 AUG 22 AM 7:56

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Medical Staffing, 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 R. Bryan
Name of Person
Integrated Medical Staffing, L.L.C.
Firm/Company
2725 Blackwood Drive
Address
Cantonment, Florida 32533-4865
City/State and Zip Code
DavidandTracyB@gmail.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

David R. Bryan 850 206-0307
Name of Person at () 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
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 4, 2016

DAVID R. BRYAN
2725 BLACKWOOD DR
CANTONMENT, FL 32533-4865

SUBJECT: INTEGRATED MEDICAL STAFFING, L.L.C.
Ref. Number: W16000053766

We have received your document for INTEGRATED MEDICAL STAFFING, L.L.C. and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please submit the Articles of Organization, not the Operating Agreement.

Effective January 1, 2014, all limited liability company forms must be submitted in accordance with the Revised Limited Liability Company Act, Chapter 605, Florida Statutes.

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) 245-6052.

Jessica A Fason
Regulatory Specialist II

Letter Number: 516A00016372

RECEIVED

16 AUG 22 PM 1:04

TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Integrated Medical Staffing, 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 R. Bryan

Name of Person

Integrated Medical Staffing, L.L.C.

Firm/Company

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Address

Cantonment, Florida 32533

City/State and Zip Code

DavidandTracyB@gmail.com

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

For further information concerning this matter, please call:

David R. Bryan

850

206-0307

at ()

Name of Person

Area Code

Daytime Telephone Number

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☐

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Certificate of Status

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\$155.00 Filing Fee &
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New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Integrated Medical Staffing, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Integrated Medical Staffing, L.L.C.

2725 Blackwood Drive

Cantonment, Florida 32533

Mailing Address:

Integrated Medical Staffing, L.L.C.

2725 Blackwood Drive

Cantonment, Florida

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

David R. Bryan

Name

2725 Blackwood Drive

Florida street address (P.O. Box **NOT** acceptable)

Cantonment

Florida

32533

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

David R. Bryan

2725 Blackwood Drive

Cantonment, Florida 32533

AMBR

Tracy M. Bryan

2725 Blackwood Drive

Cantonment, Florida 32533

(Use attachment if necessary)

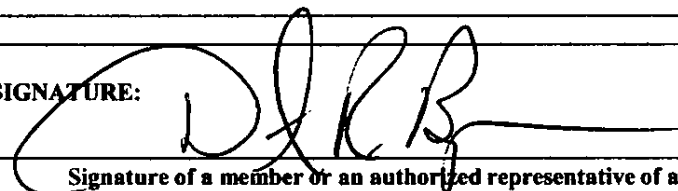
ARTICLE V: Effective date, if other than the date of filing: August 04, 2016 (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

David R. Bryan

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)

\$ 5.00 Certificate of Status (Optional)