

L16000191245

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

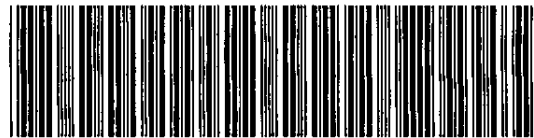
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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N. SAMS

OCT 18 2016

The Law Office of Eric V. Hires, LLC

2873 Delaney Avenue, Orlando, Florida 32806

www.HiresLegal.com

Tax ID: 30-0477795

Eric V. Hires, Attorney at Law
Certified NFLPA Contract Advisor
FL Supreme Court Certified Circuit Civil Mediator
Eric@HiresLegal.com

Christiana N. Hires
Christiana@HiresLegal.com

Please direct all mail to:
Post Office Box 568943
Orlando, FL 32856-8943

Telephone: 407.841.1902
Facsimile: 407.841.1906
Toll Free: 866.934.ERIC

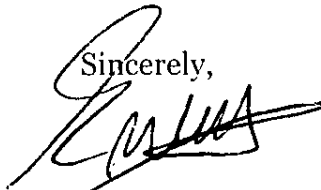
October 14, 2016

Florida Department Of State
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Re : All Nurse Access, LLC

Dear Sir/Madam:

Enclosed is the Cover Letter, original and one copy of the Articles of Organization and Certificate of Registered Agent. A check in the amount of \$130.00, for filing fees is also enclosed.

Sincerely,

Eric V. Hires

EVH/tbm
Enclosures
169406

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: All Nurse Access, 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:

Eric V. Hires, Esquire

Name of Person

The Law Office of Eric V. Hires, LLC

Firm/Company

P.O. Box 568943

Address

Orlando, FL 32856

City/State and Zip Code

Eric@Hireslegal.com

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

For further information concerning this matter, please call:

Eric V. Hires 407 841-1902

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

All Nurse Access, LLC

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

2016 OCT 17 PM 3: 06

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

2873 Delaney Avenue
Orlando, FL 32806

Mailing Address:

P.O. Box 568943
Orlando, FL 32856

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:

Eric V. Hires, Esq.

Name

2873 Delaney Avenue

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

Orlando

FL

32806

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)

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

Anna AC Vicente

P.O. Box 568943

Orlando, FL 32856

2016 OCT 17 PM 3:06
RECEIVED
FLORIDA DEPARTMENT OF STATE

(Use attachment if necessary)

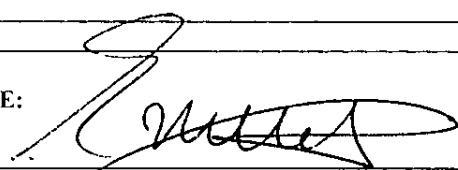
ARTICLE V: Effective date, if other than the date of filing: 10/14/2016. (OPTIONAL)

(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.

Eric V. Hires

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)