

L17000161456

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

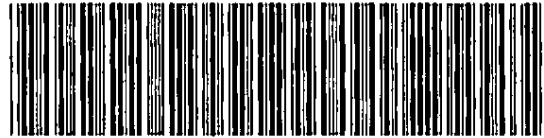
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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Office Use Only



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17 JUL 27 AM 10 29  
SEC. OF STATE  
TALLAHASSEE FL 32301

**MICHAEL A. O'BRIEN, P.A.**  
ATTORNEY AT LAW

1115 E. LIVINGSTON STREET  
ORLANDO, FLORIDA 32803

TELEPHONE: (407) 872-1484  
FAX: (561) 880-8206  
EMAIL: [blackbar@earthlink.net](mailto:blackbar@earthlink.net)

July 25, 2017

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

Re: Zero to Hero Nursing, LLC. / Articles of Organization

Dear Sir or Madam:

Please find enclosed the original and one copy of the Articles of Organization for Zero to Hero Nursing, LLC. A check for the filing fee in the amount of \$125.00 is also enclosed.

Thank you for your assistance in this matter. In the event that there is some issue with regard to the establishment of this company, I would request that you contact me in order to resolve the matter.

Sincerely,

A handwritten signature in black ink, appearing to read "Michael A. O'Brien", with a long horizontal flourish extending to the right.

Michael A. O'Brien

MOB/abg  
Enclosures

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Zero to Hero Nursing, 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:

Joshua A. Eaton  
Name of Person

Zero to Hero Nursing, LLC  
Firm/Company

4300 W. Lake Mary Blvd., Ste.1010-174  
Address

Lake Mary, Florida 32746  
City/State and Zip Code

josh.jgbc@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joshua A. Eaton at ( 740 ) 954-0477  
Name of Person Area Code 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:

Zero to Hero Nursing, LLC

(Must contain 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:

4300 W. Lake Mary Blvd., Ste. 1010-174  
Lake Mary, Florida 32746

Mailing Address:

4300 W. Lake Mary Blvd., Ste. 1010-174  
Lake Mary, Florida 32746

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:

Joshua A. Eaton

Name

W.

4300 Lake Mary Blvd., Ste. 1010-174

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

Lake Mary

Florida

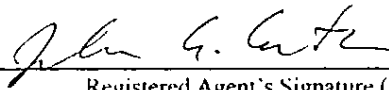
32746

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)

17 JUL 27 AM 10:29  
FILED  
CLERK OF CIRCUIT COURT  
IN AND FOR THE COUNTY OF FLORIDA  
TALLAHASSEE

**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/P

AMBR/VP

\_\_\_\_\_

\_\_\_\_\_

**Name and Address:**

Jennifer Lynn Stangl Eaton

4300 W. Lake Mary Blvd., Ste. 1010-174

Lake Mary, Florida 32746

Joshua Andrew Eaton

4300 W. Lake Mary Blvd., Ste. 1010-174

Lake Mary, Florida 32746

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

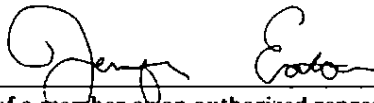
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**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.

None

**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.

Jennifer Lynn Stangl Eaton

Typed or printed name of signee

SECRET  
STATE OF FLORIDA  
DEPARTMENT OF STATE  
JUL 27 AM 11:29

17 JUL 27 AM 11:29

**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)