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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : FL PATEL LAW PLLC

Account Number : I20170000097 : (727)279-5037

Fax Number : (727)888-1294

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: Kathleen@eiitenursingny.com	
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FLORIDA LIMITED LIABILITY CO.

Elite Nursing of Florida LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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Electronic Filing Menu Corporate Filing Menu

Help

For

Elite Nursing of Florida LLC

A

Florida Limited Liability Company

ARTICLE I

Name

The name of the Limited Liability Company is: Elite Nursing of Florida LLC (the Company).

ARTICLE II

Add ress

The street address of the principal office of the Company is:

350 Horizons East Apt #210 Boynton Beach, Florida 33435

The mailing address of the Company is:

437 Andrews Road Mineola, New York 11501

ARTICLE III

Registered Agent, Registered office, & Registered Agent's Signature:

The name and the Florida Street Address of the Registered Agent are:

FL Patel Law PLLC 360 Central Avenue #800 Saint Petersburg, Florida 33701

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.

Kalpesh Patel (sign)

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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	Name and Address
<u>MGR</u>	Kathleen Coffey Steimel 437 Andrews Road Mineola, New York 11501
MGR	Margaret Weber 437 Andrews Road Mineola, New York 11501

ARTICLE IV:

The Effective date shall be the date	of filing(sign)
Signature of a member or an authorized represent This document is executed in accordance with section 605.0 I am aware that any false information submitted in a docume constitutes a third degree felony as provided for	203 (1) (b), Florida Statutes. ent to the Department of State
Kathleen Coffey Steimel	
Authorized Representative/Me	mber