

L19000216422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only

M. MOON
SEP 03 2019



700333117817

08/02/19--01026--01L **155.00

FILED
19 AUG - 2 PM 4: 44
SECRETARIAT
TALLAHASSEE

ARTICLES OF ORGANIZATION
OF
FLORIDA IMMACULATE SCHOOL OF NURSING, LLC.

The undersigned, for the purpose of forming a limited liability company under the Florida Liability Act, hereby adopts the following Articles of Organization.

ARTICLE 1 NAME

The name of the limited liability company shall be FLORIDA IMMACULATE SCHOOL OF NURSING, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this limited liability company is :
1864 Via Granada
Boynton Beach, FL 33426

ARTICLE III EFFECTIVE DATE

These articles of organization shall be effective immediately upon approval of the Secretary of State, State of Florida.

ARTICLE IV DURATION

This company is to exist perpetually.

FILED
19 AUG - 2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE V PURPOSES AND POWERS

The company may engage or transact in any or all lawful activities or business permitted under the laws of the United States, the State of Florida or any other state, country, territory or nation.

ARTICLE VI REGISTERED OFFICE AND REGISTERED AGENT

The initial address of registered office of this Company is Chuck Mogbo, P.A., 4782 W. Commercial Boulevard, Tamarac, Fl 33319.

ARTICLE VII MANAGEMENT

The Managers of the company shall be:

Operating Managers:

Julian Ramsay
1864 Via Granada
Boynton Beach, FL 33426

The Company is a manager-managed company.

FILED
19 AUG - 2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VIII ADMISSION OF NEW MEMBERS

No additional member(s) shall be admitted to the Company except with the unanimous written consent of all member(s) of the company and upon such terms and conditions as shall be determined by all members(s). A member may transfer his or her interest in the Company as set forth in the regulations of the company, but the transferee shall have no right to participate in the management of the business and affairs of the company or become a member unless all the other member(s) of the Company other than the member proposing to dispose of his or her interest approve of the proposed transfer by unanimous written consent.

ARTICLE IX TERMINATION OF EXISTENCE

The company shall be dissolved upon the death, retirement, registration, expulsion, bankruptcy, or dissolution of a member or manager, or upon the occurrence of any other event that terminated the continued membership of a member in the company, unless the business of the Company is continued by the consent of all the remaining members, provided there is at least one remaining member.

ARTICLE X MEMBERS

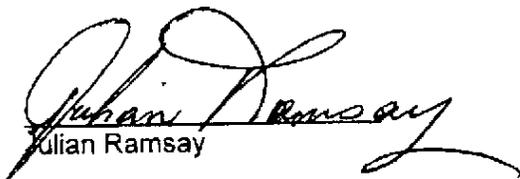
The Manager of the Company shall be elected by the member(s) in accordance with regulations adopted by the member(s) for the management of business and affairs of the Company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these Articles of Organization. The name and address of the member(s) of the company are:

Julian Ramsay
1864 Via Granada
Boynton Beach, FL 33426

ARTICLE XI CLASSIFICATION

It is the intent of the members that the company be classified as a partnership for federal income tax purpose.

The undersigned has executed these Articles of Organization this 23rd day of July, 2019.


Julian Ramsay

FILED
19 AUG - 2 PM 4:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is FLORIDA IMMACULATE SCHOOL OF NURSING, LLC.
-

2. The name and address of the registered agent and office is:

CHUCK MOGBO, P.A

Name

4782 W. COMMERCIAL BOULEVARD

(P.O. Box or Mail Drop Box NOT (ACCEPTABLE))

TAMARAC, FL 33319

(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..

SIGNATURE: _____

DATE: _____

FLORIDA IMMACULATE SCHOOL OF NURSING, LLC

FILED
19 AUG - 2 PM 4: 44
SECRETARY OF STATE
TALLAHASSEE FLORIDA