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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : DICKINSON WRIGHT PLLC
Account Number : I20190000026
Phone : (248)205-3227
Fax Number : (844)670-6009

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

Email Address: cjones@scout1solutions.com

FLORIDA LIMITED LIABILITY CO.
Staffco Healthcare Services of Florida, LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Staffco Healthcare Services of Florida, 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:

Cory Jones

Name of Person

Firm/Company

2117 West Dekle Ave, G1

Address

Tampa, FL 33606

City/State and Zip Code

Cjones@scout1solutions.com

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

For further information concerning this matter, please call:

Emily Dorisio

859

899-8714

at ()

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
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Staffco Healthcare Services of Florida, 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:2117 W. Dekle Ave., Suite G1
Tampa, FL 33606Mailing Address:2117 W. Dekle Ave., Suite G1
Tampa, FL 33606

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:

Cory Jones

Name

2117 W. Dekle Ave, Suite G1Florida street address (P.O. Box **NOT** acceptable)Tampa

FL

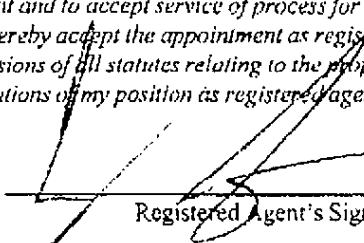
33606

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)

20 OCT - 7 PM 2016

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:

MGR

Cory Jones

2117 W. Dekle Ave, Suite G1

Tampa, FL 33606

MGR

Brandon Jones

2117 W. Dekle Ave, Suite G1

Tampa, FL 33606

MGR

Michael Mingcci

2117 W. Dekle Ave, Suite G1

Tampa, FL 33606

(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.

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.

Cory Jones

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)

TRANSFER OF RESERVED NAME

DICKINSON WRIGHT PLLC, having reserved the name **STAFFCO HEALTHCARE SERVICES OF FLORIDA, LLC** ("Name") with the Florida Department of State does hereby transfer the Name to Cory Jones.

DICKINSON WRIGHT PLLC

Kevin M. Doherty

By: Kevin M. Doherty

Its: Member _____