

L21000425989

(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



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2021 SEP 29 PM 3:52

DEPT. OF REVENUE  
TALLAHASSEE, FLORIDA

FILED

2021 SEP 29 PM 12:58

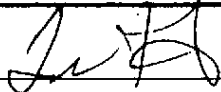
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC  
2330 CLARE DRIVE  
TALLAHASSEE, FL 32309  
(850) 524-5437  
(850) 524-6243

Please use funds from ACCT. I20210000160

Amount: \$160.00

Authorized Signature: \_\_\_\_\_



**Corporation Name & Document Number, (if known):**

1. VIRTUE INSTITUTE, LLC  
(Business Name)

Document

\_\_\_ Walk in

\_\_\_ Pick up time \_\_\_

\_\_\_ Mail out

\_\_\_ Will wait

\_\_\_ Photocopy

X **Certified Copy**

X **Certificate of Status**

**NEW FILINGS**

\_\_\_ Profit

\_\_\_ Not for Profit

X **Limited Liability**

\_\_\_ Domestication

\_\_\_ Other

\_\_\_ **CORP**

**AMMENDMENTS**

\_\_\_ Amendment

\_\_\_ Resignation of R.A. Officer/Director

\_\_\_ Change of Registered Agent

\_\_\_ Dissolution/Withdrawal

\_\_\_ Merger

\_\_\_ **Conversion**

**OTHER FILINGS**

\_\_\_ Annual Report

\_\_\_ Fictitious Name

\_\_\_ APOSTIL ( ) \_\_\_\_\_  
Country

**REGISTRATION/QUALIFICATIONS**

\_\_\_ Foreign filing

\_\_\_ Limited Partnership

\_\_\_ Reinstatement

\_\_\_ Other

**EXAMINER'S INITIALS:** \_\_\_\_\_

**COVER LETTER**

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

**SUBJECT:** VIRTUE INSTITUTE, 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:

WINNIFRED MCPHERSON  
\_\_\_\_\_  
Name of Person  
  
VIRTUE INSTITUTE, LLC  
\_\_\_\_\_  
Firm/Company  
  
1773 N STATE ROAD 7  
\_\_\_\_\_  
Address  
  
LAUDERHILL, FL 33313  
\_\_\_\_\_  
City/State and Zip Code  
  
VIRTUEMEDICALSTAFFING@YAHOO.COM  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

WINNIFRED MCPHERSON      954      520-9109  
\_\_\_\_\_  
Name of Person      Area Code      Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

VIRTUE INSTITUTE, 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:

Mailing Address:

1773 N STATE ROAD 7  
LAUDERHILL, FL 33313

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:

WINNIFRED MCPHERSON

Name

1773 N STATE ROAD 7

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

<u>LAUDERHILL</u>	<u>FL</u>	<u>33313</u>
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..*

*Winnifred McPherson*  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
2021 SEP 29 PM 12:58  
TALLAHASSEE, FL 32301

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:

AMBR

WINNIFRED MCPHERSON

1773 N STATE ROAD 7

LAUDERHILL, FL 33313

AMBR

NICOLE MCPHERSON

1773 N STATE ROAD 7

LAUDERHILL, FL 33313

(Use attachment if necessary)

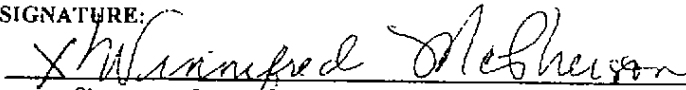
ARTICLE V: Effective date, if other than the date of filing: SEPTEMBER 29, 2021. (OPTIONAL)

(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.

WINNIFRED MCPHERSON

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)