## 12200051320

(Rec	questor's Name)	
(Add	dress)	
(Add	iress)	
(City	//State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bus	iness Entity Nar	me)
(Doc	cument Number)	<del></del>
Certified Copies	Certificates	s of Status
Special Instructions to F	iling Officer:	

Office Use Only



000387443890

05/13/22--01017--001 \*\*130.00

Jan-

2021ET 13 MI 2:08

## COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: Travel Nurse Advisors 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:
Anthony Pagano
V Name of Person
Anthory Pagano Name of Person  Travel Nurse Advisors Lic
Firm/Company
1317 Edgewater Dr. #5510
Address
Orlando, FL 32804
admin@truvelnursebenefits.org
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Anthony layano at (941) 724-7396  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \ \text{Certified Copy} \\ \text{(additional copy is enclosed)} \text{(additional copy is enclosed)} \text{Certified Copy} \\ \text{(additional copy is enclosed)} (additional copy is
Mailing Address New Filing Section  Street Address New Filing Section
Division of Corporations Division of Corporations
P.O. Box 6327 Clifton Building 5 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must c	Vel Nucse Adontain the words "Limited Liability		
ARTICLE II - Address: The mailing address and stree	et address of the principal office of the	e Limited Liab	ility Company is:
<u>Prin</u>	cipal Office Address:		Mailing Address:
1317 后	1 gewater dr. # 551	) <u>                                     </u>	317 Edgewater dr.
0014040	101 72 80100		6.17 00.14.0.14 5.6 33.99
ARTICLE III - Registered A	Agent, Registered Office, & Register	ered Agent's S	ignature:
ARTICLE III - Registered 2 (The Limited Liability Companion)	Agent, Registered Office, & Registany cannot serve as its own Register in active Florida registration.) et address of the registered agent an	ered Agent's S d Agent, You n	ignature:
ARTICLE III - Registered 2 (The Limited Liability Companion business entity with a	Agent, Registered Office, & Register in y cannot serve as its own Register in active Florida registration.)  et address of the registered agent an Kelly Miller	ered Agent's S d Agent, You n	ignature:
ARTICLE III - Registered 2 (The Limited Liability Companion business entity with a	Agent, Registered Office, & Registany cannot serve as its own Register in active Florida registration.) et address of the registered agent an	ered Agent's S d Agent, You n	ignature:
ARTICLE III - Registered 2 (The Limited Liability Companion business entity with a	Agent, Registered Office, & Register in y cannot serve as its own Register in active Florida registration.)  et address of the registered agent an Kelly Miller	ered Agent's S d Agent, You n	ignature:
ARTICLE III - Registered 2 (The Limited Liability Companion business entity with a	Agent, Registered Office, & Register any cannot serve as its own Register in active Florida registration.)  et address of the registered agent and Kelly Miller  Name	ered Agent's S d Agent. You n	ignature: nust designate an individual or
ARTICLE III - Registered 2 (The Limited Liability Companion)	Agent, Registered Office, & Registeriny cannot serve as its own Register in active Florida registration.)  et address of the registered agent an Kelly Miller  Name  1317 Edgewater D	ered Agent's S d Agent. You n	ignature: nust designate an individual or

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)

The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager (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. Anthony Pagano
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)

ARTICLE IV-