

**122000 491079**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000394461 3)))



H220003944613ABC+

**Note: DO NOT** hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

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

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.  
Account Number : I20000000019  
Phone : (305)552-5973  
Fax Number : (305)675-5944

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
NURSING UNITED STAFFING AGENCY LLC**

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

2022/11/18 PM 3:18

22 NOV 18 PM 12:35

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I – NAME****THE NAME OF THE LIMITED LIABILITY COMPANY IS:****NURSING UNITED STAFFING AGENCY LLC**

( Must end with 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****1550 SW 1TH ST SUITE 12  
MIAMI, FL. 33135****1550 SW 1TH ST SUITE 12  
MIAMI, FL. 33135****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:****MAXI MATHURIN****Name****1550 SW 1TH ST SUITE 12****Florida street address ( P.O. Box NOT acceptable )****MIAMI, FL. 33135****City, State, and 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 provision 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 608, F.S.

**X****Registered Agent's Signature ( Required )**

22 NOV 18 PM 12:33

**ARTICLE IV – Manager(s ) or Managing Member(s):**

The name and address of each Manager or Managing Member is as Follows:

Title: Name and Address:  
"MGR" = Manager  
"MGRM" = Managing Member

MGRM MANOUCHECA BRUNO  
4823 E PACIFIC VIEW TERRANCE APT 305  
LAUDERDALE LAKES, FL 33309

MGRM MAXI MATHURIN  
1550 SW 1TH ST SUITE 12  
MIAMI, FL. 33135

( Use attachment if necessary )

**ARTICLE V: EFFECTIVE DATE, IF OTHER THAN THE DATE OF FILLING:**  
**11/15/2022, ( 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 FILLING. )**

**REQUIRED SIGNATURE:**

X

SIGNATURE OF A MEMBER OR AN AUTHORIZED REPRESENTATIVE OF A MEMBER.

( in accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

**MAXI MATHURIN**

Typed or printed name of signer

22 NOV 18 PM 12:35