

Florida Department of State

Division of Corporations

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FLORIDA LIMITED LIABILITY CO. ELEVATE NURSING, LLC

Certificate of Status	0
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T.J.H.
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**ARTICLES OF ORGANIZATION
OF
ELEVATE NURSING, LLC**

The undersigned, for the purpose of forming a limited liability company under the Florida Revised Limited Liability Company Act, Florida Statutes Chapter 605, as amended, hereby makes, acknowledges and files the following Articles of Organization.

ARTICLE I - NAME

The name of the limited liability company is Elevate Nursing, LLC (the "Company").

ARTICLE II - ADDRESS

The Company's mailing address is P.O. Box 899, Pineland, TX 75968, and the street address is 4027 W 1st Street, Sanford, FL 32771-9721.

ARTICLE III - DURATION

The period of duration for the Company shall be perpetual.

ARTICLE IV - REGISTERED OFFICE AND AGENT AND ADDRESS

The name and street address of the registered agent and the registered office of the Company in the State of Florida are:

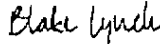
<u>Name</u>	<u>Address</u>
Corporate Creations Network Inc.	801 US Highway 1 North Palm Beach, FL 33408

ARTICLE V - MANAGEMENT

The Company shall be member-managed. The name and address of the initial member is Blake Lynch, 4027 W 1st Street, Sanford, FL 32771-9721.

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IN WITNESS WHEREOF, the undersigned has made and subscribed these Articles of Organization for the foregoing uses and purposes this ____ day of October, 2023.

DocuSigned by:

FF1F930CCE0420...
Blake Lynch, Member

REGISTERED AGENT'S ACCEPTANCE

Having been named as registered agent and to accept service of process for Elevate Nursing, LLC at the place designated in this certificate, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:

Corporate Creations Network, Inc.

By:  _____

Dated: October _24_, 2023

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