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ROBERT J. GORMAN, P.A.

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(561) 465 - 5311  
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Robert J. Gorman, Esquire  
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Charles A. Lobdell, III, Esquire

Courthouse Box 113 (SLC)

DECEMBER <sup>10</sup> 7, 1998

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
POST OFFICE BOX 6327  
TALLAHASSEE, FLORIDA 32314-6327

100002711411--4  
-12/14/98-01064-015  
\*\*\*\*337.50 \*\*\*\*337.50

RE: INCORPORATION OF I.V. PLUS NURSING, L.C.

CM

GENTLEMEN:

ENCLOSED HERewith PLEASE FIND THE ORIGINAL ARTICLES OF ORGANIZATION FOR THE  
AFORE NAMED CORPORATION. IN ADDITION YOU WILL FIND THIS FIRM'S CHECK IN THE  
AMOUNT OF \$337.50 WHICH REPRESENTS FILING FEE \$285.00; AND CERTIFIED  
COPY OF ARTICLES \$52.50.

AFTER THE SAME HAVE BEEN FILED, PLEASE FURNISH THE CERTIFIED COPY OF THE  
ARTICLES TO THE UNDERSIGNED.

THANK YOU FOR YOUR ATTENTION TO THIS MATTER.

VERY TRULY YOURS,

*Robert J. Gorman*

ROBERT J. GORMAN

RJG/KJB

ENCLOSURES

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98 DEC 14 PM 1:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Sandra B. Mortham  
Secretary of State

December 18, 1998.

ROBERT J. GORMAN, P.A.  
1209 DELAWARE AVENUE  
FORT PIERCE, FL 34950

SUBJECT: I.V. PLUS NURSING, L.C.  
Ref. Number: W98000028282

We have received your document for I.V. PLUS NURSING, L.C. and your check(s) totaling \$337.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain both the street address of the principal office and the mailing address of the limited liability company.

The document must contain the names and street addresses of the members or managers of the limited liability company.

An affidavit is required pursuant to section 608.407(2), Florida Statutes, declaring the following: (1) the limited liability company has at least one member; (2) the actual amount of cash contributions; (3) the agreed value and a description of any property other than cash contributed; and (4) the total amount of cash or property anticipated to be contributed by the members.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6025.

Cathy A Mitchell  
Corporate Specialist

Letter Number: 798A00059477

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TALLAHASSEE, FLORIDA

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Robert J. Gorman, Esquire

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Charles A. Lobdell, III, Esquire

Courthouse Box 113 (SLC)

December 29, 1998

Florida Department of State  
Division of Corporations  
Attn: Cathy A. Miller, Corporate Specialist  
Post Office Box 6327  
Tallahassee, Florida 32314-6327

RE: I.V. PLUS NURSING, L.C.

Dear Ms. Miller:

Enclosed herewith please find the Articles of Organization for the aforementioned limited liability company with Affidavit pursuant to your letter of December 18, 1998. Request is hereby made pursuant to Statute that the filing date be the date of original receipt.

Thank you.

Very truly yours,



Robert J. Gorman

RJG/cat

Enclosures

# Articles of Organization of I.V. PLUS NURSING, L.C.

The undersigned hereby enter into these Articles of Organization of a Limited Liability Company, by and between DOMINIC SIANO and KENNETH JACKSON, and pursuant to Chapter 608, Florida Statutes, hereby organize I.V. PLUS NURSING, L.C., and further agree:

## ARTICLE I

The name of the Limited Liability Company is I.V. PLUS NURSING, L.C.

## ARTICLE II

The period of its duration shall be for thirty (30) years from the earlier of the date of filing of these Articles of Organization with the Florida Department of State or December 31, 2028.

## ARTICLE III

The Limited Liability Company is organized for the purposes as follows:

- (a) To engage in the business generally of providing nursing services, on an in-home or instituted basis, as a private agency or registry or both within the State of Florida, for all persons and entities, for which the limited liability company shall have qualified;
- (b) To deal generally with members of the public to provide nursing services;
- (c) To perform fully any agreement with any member of

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the Limited Liability Company;

(d) To have all of the powers of Limited Liability Companies generally organized and existing under Chapter 608, Florida Statutes or such powers as shall hereafter be conferred upon such companies by the laws of the State of Florida.

#### **ARTICLE IV**

The Limited Liability Company may have more than one place of business, but its principal office and mailing and street address shall be 2317 Okeechobee Road, Fort Pierce, Florida. It's initial registered agent shall be Kenneth Jackson whose street and mailing address is 2317 Okeechobee Road, Fort Pierce, Florida 34950.

#### **ARTICLE V**

The total amount of cash and agreed upon value of property other than cash contributed to the Company is as follows:

Cash	\$	1,000.00
Receivables	\$	1,000.00
Agreed Value of Property	\$	500.00

(Property consists of desk, chair, filing cabinet, computer, general office supplies)

Additional contributions are not contemplated or required.

#### **ARTICLE VI**

Additional members may be admitted upon such terms, conditions,

agreements and understandings as shall be agreed upon by the members including contributions to capital, future contributions of capital. No new member whether by acquisition of a capital position or acquisition in whole or in part of another member's interest in the Company shall be allowed except upon the mutual consent and agreement of each member to the proposed transfer or assignment or entry which consent shall be in writing; provided, however, that even lacking such unanimous written consent, such transferee may, without having any participation or right of participation in the management and affairs of the Company or to become a member with full rights, shall be entitled to the share of profits or other income or return of contributions to which such person would otherwise be entitled based upon the proportionate share of capital of such person.

#### **ARTICLE VII**

Upon the death, retirement, resignation, bankruptcy, expulsion or dissolution of a member which is a corporate association or trust, or the occurrence of any other event which terminates the continued membership of a member in the Company, the Company shall continue business unless a majority in interest of all of the remaining members determine, in writing, to terminate the Company, in which event Articles of Dissolution shall be prepared and filed.

#### **ARTICLE VIII**

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The Company shall be managed by a manager or managers which shall be selected by the members on an annual basis and which manager or managers shall continue in such capacity until their successor(s) are duly elected and qualified and assume their duties. The initial manager who shall serve until the first annual meeting of or until his successor is elected and qualified is: Dominic Siano, whose mailing address is 2023 Mimosa Avenue Fort Pierce, Florida 34949.

IN WITNESS WHEREOF the undersigned has set his hand and seal this

10 day of DECEMBER, 1998.

Dominic Siano  
Member

[Signature]  
Member  
COUNTY OF ST. LUCIE  
TALLAHASSEE, FLORIDA  
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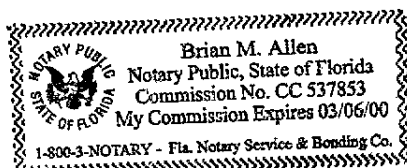
STATE OF FLORIDA

BEFORE ME, the undersigned authority, personally appeared DOMINIC SIANO, who is ☒ personally known to me or has ☐ produced a \_\_\_\_\_ Driver's license as identification, and who ☒ did ☐ did not take an oath, and who subscribed the above Articles of Organization, and he did freely and voluntarily acknowledge before me, according to law, that he made the same for the uses and purposes therein mentioned and set forth.

WITNESS my hand and official seal, in the County and State last aforesaid this 10 day of DECEMBER, 1998.

My Commission Expires:

[Signature]  
Notary Public



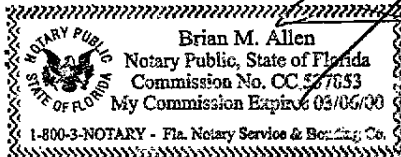
STATE OF FLORIDA

COUNTY OF ST. LUCIE

BEFORE ME, the undersigned authority, personally appeared  
KENNETH JACKSON, who is ☒ personally known to me or has ☐  
produced a \_\_\_\_\_ Driver's license as identification, and who ☒ did ☐  
did not take an oath, and who subscribed the above Articles of Organization,  
and ☒ he did freely and voluntarily acknowledge before me, according to law,  
that ☒ he made the same for the uses and purposes therein mentioned and set  
forth.

WITNESS my hand and official seal, in the County and State last  
aforesaid this 10 day of DECEMBER, 1998.

My Commission Expires



Brian M. Allen  
Notary Public  
Notary Public

**ACKNOWLEDGMENT AND ACCEPTANCE OF  
REGISTERED AGENT**

The undersigned, having been named as the Registered Agent for **I.V.  
PLUS NURSING, L.C.**, and as agent to accept service of process of such limited  
liability company, at the place designated in Article IV, does hereby accept to  
act in this capacity, and agrees to comply with the provisions of the General  
Corporation Act, Chapter 607 of the Florida Statutes, relative to keeping the  
registered office of said limited liability company, open.

Kenneth Jackson  
Registered Agent

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TALLAHASSEE, FLORIDA



# AFFIDAVIT

STATE OF FLORIDA

COUNTY OF ST. LUCIE

BEFORE ME, the undersigned authority personally appeared Dominic Siano, who upon oath being duly sworn by me, deposes and says:

1. That he is more than eighteen (18) years of age and understands the obligation of an oath.
2. IV PLUS NURSING, L.C. has at least one member.
3. That the actual amount of cash contributions is \$1,000.00 and the agreed upon value and description other than cash contributed are: Receivables \$1,000.00; Agreed Value of Property \$500.00 (Property consists of desk, chair, filing cabinet, computer, general office supplies).
4. The foregoing is the total amount of cash or property anticipated to be contributed by the members and no further contributions are anticipated or required.

FURTHER AFFIANT SAYETH NAUGHT.

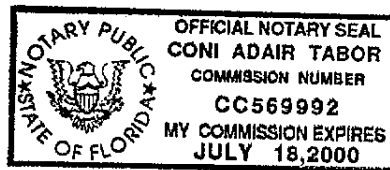
D Siano

Sworn to and subscribed to before me this 29<sup>th</sup> day of December, 1998, who is ☒ personally known to me or who has ☐ produced as identification.

Coni Adair Tabor

Notary Public

My Commission Expires:



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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA