

2/2/25

ELECTRONIC FILING AUDIT RECORD

2:03 PM

FAX AUDIT NUMBER: H25-000020477 HAS A CURRENT STATUS OF REJECTED

FILED (ID): H25000020477

FROM: ANDREWS AND ANDREWS INC
9836 WEST SAMPLE ROAD

CORAL SPRINGS, FL 33065-0000 US

CONTACT NAME: LEWIS ANDREWS

PH: (954)752-8130

USERID:

ACCOUNT: I20250000007 SUB-ACCOUNT:

DOCUMENT TYPE: EFIL07

TOTAL PAGES: 1

CORPORATE NAME: AM Medical Staffing LLC

DEPOSIT(S):

CERTIFIED COPY: 0

CERTIFICATE OF STATUS: 0

FAX PHONE NUMBER: (954)752-8199

REQUEST DATE: 01/17/2025 TIME: 09:22:39

DELIVERY METHOD: F

FAX-ID: 625A00001392

ESTIMATED CHARGE: \$125.00

CAPITAL CONTR: \$0.00

AMT INCREASE

D/REASON:

USER YEAR:

CORP STATUS:

TOTAL CORPS: 0

1. RETURN TO MENU

ENTER SELECTION AND CR:

2025 JUN 17 PM 2:17
FBI

Nahar



January 21, 2025

FLORIDA DEPARTMENT OF STATE
Division of Corporations

ANDREWS AND ANDREWS INC

SUBJECT: AM MEDICAL STAFFING LLC
REF: W25000008515

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6052.

Rickey L Richardson
Regulatory Specialist II
New Filing Section

FAX Aud. #: H25000020477
Letter Number: 625A00001392

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AM Medical Staffing 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:

Andy Martinez

Name of Person

AM Medical Staffing LLC

Firm/Company

11400 SW 58 Terrace

Address

Miami, FL 33173

City/State and Zip Code

Andymartinez001@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Andy Martinez

305

305-1619

at ()

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(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:

AM Medical Staffing 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:

11400 SW 58 Terrace
Miami, FL 33173

Mailing Address:

11400 SW 58 Terrace
Miami, FL 33173

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:

Andy Martinez

Name

11400 SW 58 Terrace

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

Miami

FL

33173

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..

Andy Martinez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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FLORIDA
SECRETARY OF STATE

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:

MGR

Andy Martinez
11400 SW 58 Terrace
Miami FL 33173

AMBR

Andy Martinez
11400 SW 58 Terrace
Miami, FL 33173

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 01/20/2025 (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.

Typed or printed name of signer

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)

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