CERTIFICATE OF ORGANIZING MEMBERS
AND
APPLICATION FOR A CERTIFICATE OF REGISTRATION
FOR A PROFESSIONAL LIMITED LIABILITY COMPANY FOR THE PRACTICE OF NURSING

The undersigned, being the registered nurse organizers of _____, a professional limited liability company about to be organized under the laws of North Carolina for the purpose of providing nursing and related services, hereby certify to the North Carolina Board of Nursing:

1. Those organizing members who are registered nurses and all registered nurses who, to the best of our knowledge and belief, will be employed by said professional limited company to practice those services outlined in G.S. 55B-14(c)(2), (5-6), for said professional limited liability company, are duly licensed to practice nursing in North Carolina. The names, addresses, social security numbers and license numbers of all such organizers are:

NAME _____ SS# _____

RN LICENSE # _____ Telephone # _____

ADDRESS _____

NAME _____ SS# _____

RN LICENSE # _____ Telephone # _____

ADDRESS _____

NAME _____ SS# _____

RN LICENSE # _____ Telephone # _____

ADDRESS _____

2. To the best of our knowledge and belief, no disciplinary action is pending or threatened in any jurisdiction against any of the person(s) listed above.

3. We represent that the professional limited company will be conducted in compliance with the Limited Liability Act and with the Regulations of the North Carolina Board of Nursing.

4. Provide description of services this entity will offer: _____
_____

5. Application is hereby made for a Certificate of Registration to become effective when the Articles of Organization are filed with the Secretary of State. Attached hereto is a check for $50.00 for the registration fee.

_____ _____
Organizing Member Organizing Member

_____
Organizing Member

NORTH CAROLINA

_____ COUNTY

I HEREBY CERTIFY THAT _____, _____, and _____ being organizing members of _____ personally appeared before me this day and stated they have read the foregoing Certificate of organizing members and Application for Certificate of Registration and that the statements contained therein are true.

Witness my hand and seal, this _____ day of _____, 20___.

_____
Notary Public SEAL

My Commission expires: _____.

LLCOF1
5/97;12/05, 9/11