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00789-00524-00672 (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP ☐ WAIT MAIL (Business Entity Name) (Document Number) Certified Copies _____ Certificates of Status Special Instructions to Filing Officer: Office Use Only



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Check # 4882 ant. \$87.50

Preferred Medical Parsonnel

Veronica Winks,

132 N. M. alberry St.

Chilicotte, Ohio 45601

1-888-358-8568

740-779-1764



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

October 28, 2003

VERONICA WINKS 132 N. MULBERRY ST. CHILLICOTHE, OH 45601

SUBJECT: PREFERRED MEDICAL PERSONNEL, LTD.

Ref. Number: W03000031163

We have received your document for PREFERRED MEDICAL PERSONNEL, LTD. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

You cannot file a Foreign Corporate Name Registration for a Limited Liability Company. To Qualify this LLC to transact business in Florida, complete the attached application. The filing fee is \$125.00.,

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 603A00058247

Michelle Hodges Document Specialist

Division of Cornorations .. P.O. ROX 6327 Tallahasson Florida 32314



November 20, 2003

VERONICA WINKS 132 N. MULBERRY ST. CHILLICOTHE, OH 45601

SUBJECT: PREFERRED MEDICAL PERSONNEL, LTD.

Ref. Number: W03000031163

We have received your document for PREFERRED MEDICAL PERSONNEL, LTD. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "Ltd. Co." "L.C." or "L.L.C."

You must complete number 9 of the application, Manager/Managing Member names and addresses.

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) 245-6967.

Letter Number: 603A00063187

Michelle Hodges Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

1. PREFERRED MEDICAL PERSONNEL LTB L.L.C. (Name of foreign limited liability company) 2. OH IO (Ourisdiction under the law of which foreign limited liability company) is organized) 4. 12 97 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") 6. 9.22-03 (Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.) 7. 132 N. Mulberry STREET CHILLICOTHE, OHZO HSGOI (Street address of principal office) 8. If limited liability company is a manager-managed company, check here	IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:	V
2. OHTO (Jurisdiction under the law of which foreign limited liability company is organized) 4. 12 97 (Date of Organization) 5. PERPETUAL (Duration: Year limited liability company will cease to exist or "perpetual") 6. 9. 22-03 (Date first transacted business in Florida. (See sections 608.501, 608.502, and \$17.155, F.S.) 7. 132 N. Mulbery STREET CHZULLOTHE OHZO 45601 (Street address of principal office) 8. If limited liability company is a manager-managed company, check here 9. The name and usual business addresses of the managing members or managers are as follows: 177 Veconica Whits Kevin Daherty 132 N. Mulberry 4. Chillwake Glave 45601 10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the cartificate under oath of the translator must be submitted) 11. Nature of business or purposes to be conducted or promoted in Florida: PROUZDE TEMPORALY Signature of a member or an authorized representative of a member. (In accordance with section 608.408(3), E.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.) Veconica Winks		
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Veronica Winks	(In accordance with section 608.408(3), F.S., the execution of this document constitutes	
Typed or printed name of signee	Typed or printed name of signee	

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

(Signature)

\$ 30.00

5.00

	TERRED MEDICAL PERSONNEL d the Florida street address of the registered agent and office are: VERONICA M. WINKS (Name)
	(Name) 371 MARAUZUA DRIVE Florida street address (P.O. Box NOT ACCEPTABLE)
, , ,	DESTIN FL 32550 (City/State/Zip)
ability compan egistered agent tatutes relating ccept the obliga	ned as registered agent and to accept service of process for the above stated limited y at the place designated in this certificate, I hereby accept the appointment as and agree to act in this capacity. I further agree to comply with the provisions of a to the proper and complete performance of my duties, and I am familiar with and attions of my position as registered agent as provided for in Chapter 608, F.S.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent Certified Copy (optional)

Certificate of Status (optional)

UNITED STATES OF AMERICA STATE OF OHIO OFFICE OF THE SECRETARY OF STATE

I, J. Kenneth Blackwell, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign corporations; that said records show PREFERRED MEDICAL PERSONNEL LTD., an Ohio Limited Liability Company, Registration No. LL2420, was organized within the State of Ohio on December 17, 1997, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 7th day of October, A.D. 2003.

Ohio Secretary of State

Validation Number: 200328000050