(Requestor's Name)	
(Address)	
(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	-
Certified Copies Certificates of Sta	atus
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COVER LETTER

TO:

Registration Section

_	Nam	e of Limited Liability Company			
		Company for Authorization to Transact Business in Florida," Certific referenced foreign limited liability company to transact business in F			
e return a	Ill correspondence concerning this matter t	to the following:			
	ATTN: Katie Buster				
	Name of Person				
	Husch Blackwell LLP				
	Firm/Company				
	111 Congress Avenue, Suite 1400				
	Address				
	Austin, Texas 78701				
	City/State and Zip Code				
	kpak@pakmedicalgroup.com				
	E-mail address: (to be	e used for future annual report notification)			
irther info	ormation concerning this matter, please ca	II:			
Katie	Buster	at (at ()			
	Name of Contact Person	Area Code Daytime Telephone Number			
Mailing Address:		Street Address: Registration Section			
Registration Section Division of Corporations		Division of Corporations			
P.O. Box 6327		The Centre of Tallahassee			
Tallahassee, FL 32314		2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303			
Englo	sed is a check for the following amount:				

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

IN COMPILANCE WITH SECTION (05,002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREGN. LIMITED HABILITY COMPANY/TOTRANACTER SINESS IN THE SECTE OF FLORIDA.

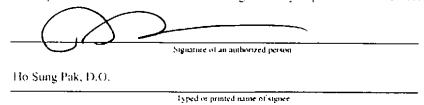
(Name of Foreign	Limited Liability Company, must include "Limited	Liability Comp	any,""L.L.C." or "LLC")			
Il name unavailable, enter alternate i	name adopted for the purpose of transacting business in Flor	rida. The alternate	name must include "Limited Linbi	hry Company," "L	t. C," or "	ī.ac ")
Delaware		874 <i>(</i> 3.	27271			
durisdiction under the law of w	high foreign limited liability company is organized)	<u> </u>	(FEI number.	it applicables		-
I			=			
	(Date first transacted business in Florida, if prior to to (See sections 605 0901 & 605 0805, F.S. to determin	egistration) se penalty liability	l			
1672 Independence Dr	ive	6. (Mailing Address)				
Street Address of Principal Office)		ÿ. 1	Mailing Address)		~ 1	_
Suite 310		Suite 310			10:72	
New Braunfels, Texas	78132	New Braunfels, Texas 78132			-<	i Asida L. Sabili
7. Name and street addres	s of Florida registered agent: (P.O. Box	NOT accept	able)	TOPES.	91 :01 HA	
Name:	C T Corporation System			FL	16	
Office Address: 1200 South Pine Island Road			-			
	Plantation	ntation				
	(Cay)		(Zip code)			
Registered agent's accep Having been named as re	gistered agent and to accept service of pi		e above stated limited lia gent and agree to act in :			

8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

Title or Capacity:	Name and Address:	Title or Capacity:	Name and Address:
≣Manager	Name: Siegfried Hirsch	■Manager	Name: Ho Sung Pak, D.O.
□Member	Address: 2638 Cooper Way	□Member	Address: 1672 Independence Drive
□Authorized	Wellington, Florida 33414	■ Authorized	Suite 310
Person		Person	New Braunfels, Texas 78132
□Other	Other	□Other	□Other
■Manager	Name: Kristine Pak	■Manager	Name: Bernardo Hirsch
□Member	Address:	□Member	Address: 610 Didgeridoo Trail
□Authorized	Suite 310	□Authorized	New Braumfels, Texas 78132
Person	New Braunfels, Texas 78132	Person	
□Other	Other	Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	·
□Other	□Other	□Other	□Other

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

- 9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)
- 10. 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.



Page 1

Delaware The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "ELEOS STAFFING SOLUTIONS, LLC" IS DULY

FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD

STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE SEVENTEENTH DAY OF MAY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "ELEOS STAFFING SOLUTIONS, LLC" WAS FORMED ON THE NINETEENTH DAY OF JANUARY, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

Authentication: 203455925

Date: 05-17-22