

M16000006544

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

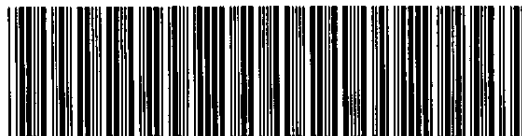
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

CWS W16-52613

Office Use Only



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07/25/16--01011--004 \*\*125.00

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2016 AUG 15 PM 4:46  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALY  
EXAMINER  
AUG 16



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

July 28, 2016

TIPHANIE MCAFEE  
HEALTHCARE WORKFORCE LOGISTICS, LLC  
2655 NORTHWINDS PKWY  
ALPHARETTA, GA 30009

SUBJECT: HEALTHCARE WORKFORCE LOGISTICS, LLC  
Ref. Number: W16000052613

We have received your document for HEALTHCARE WORKFORCE LOGISTICS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 916A00015885

2016 AUG 15 PM 3:35  
TIPHANIE MCAFEE  
HEALTHCARE WORKFORCE LOGISTICS, LLC

✓ Enclosed.  
Thank you!  
TM

**COVER LETTER**

**TO: Registration Section**  
**Division of Corporations**

**SUBJECT:** Healthcare Workforce Logistics, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Tiphonie McAfee

Name of Person

Healthcare Workforce Logistics, LLC

Firm/Company

2655 Northwinds Parkway

Address

Alpharetta, GA 30009

City/State and Zip Code

tmcafee@jacksonhealthcare.com

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

For further information concerning this matter, please call:

Tiphonie McAfee

at ( 678 )

992-1269

Name of Contact Person

Area Code

Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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

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

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Healthcare Workforce Logistics, LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Georgia 3. 38-4001675  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2655 Northwinds Parkway  
Alpharetta, GA 30009  
(Street Address of Principal Office)

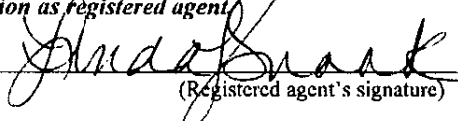
6. 2655 Northwinds Parkway  
Alpharetta, GA 30009  
(Mailing Address)

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Corporation Service Company  
Office Address: 1201 Hays Street  
Tallahassee, Florida 32301  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

 **Linda Snook**  
(Registered agent's signature) **Assistant VP**

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Richard L. Jackson, CEO and Manager of Managing Member, 2655 Northwinds Parkway, Alpharetta, GA 30009

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)

  
Signature of an authorized person

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.

Douglas B. Kline, CFO  
Typed or printed name of signee

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2016 AUG 15 PM 4:46  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

# STATE OF GEORGIA

## Secretary of State

Corporations Division

313 West Tower

2 Martin Luther King, Jr. Dr.

Atlanta, Georgia 30334-1530

FILED  
2016 AUG 15 PM 4:47  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

#### **Healthcare Workforce Logistics, LLC**

#### **a Domestic Limited Liability Company**

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number	: 13253083
Date Inc/Auth/Filed	: 04/04/2016
Jurisdiction	: Georgia
Print Date	: 08/09/2016
Form Number	: 211



*B. P. Kemp*

Brian P. Kemp  
Secretary of State