# F21000002008

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### **COVER LETTER**

		tration Section of Corporations				
SUBJE	CT:	Medx Staffing, Inc.				
., 01,01	,		l'corporation	- must include suffix		
Dear Sir	r or M	adam:				
"Certific	cate of	"Application by Foreign Cor Existence," or "Certificate of seed foreign corporation to tra	of Good Stan	ding" and check are		•
Please r	eturn a	all correspondence concernir	g this matter	to the following:		
John Pat	trick K	etchum				
			Name of	Person		
Medx St	taffing.	.Inc.				
			Firm/Con	pany		~;
1380 E J	330 S				_	
			Addre	ess		
Provo, U	ЛГ 846	06				; ``
			City/State a	nd Zip code		
patrick@	£585su					
		E-mail address:	(to be used t	or future annual repo	rt notification)	
For furt	her inf	formation concerning this ma	tter, please o	all:		
John Patrick Ketchum		801	(801 ) 472-5597			
	Name	e of Person	Area Cod		tephone Number	
	Regist Divisi The C 2415	EET/COURIER ADDRESS tration Section ion of Corporations centre of Tallahassee N. Monroe Street, Suite 810 nassee, FL 32303	:	Registratio Division o P.O. Box 6	f Corporations	
	iake ch	check for the following amore ck payable to: FLORIDA DE ng Fee	PARTMENT Fee &	OF STATE ] \$78,75 Filing Fee & Certified Copy	E □ \$87.50 Fiting Fe Certificate of St Certified Copy	

# APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

		dopted for the purpose of transacting business in Florida)	<u> </u>
Utah	3.	85-2674588	
(State or countr	y under the law of which it is incorporated)	(FEI number, if applicable)	_
08/25/2020	5.	(Date of duration, if other than perpetual)	_
(Date	of incorporation)	(Date of duration, if other than perpetual)	
10/01/2020			_
	(Date first transacted business in (SEE SECTIONS 607-1501 & 607-15	Florida, if prior to registration) 02, F.S., to determine penalty liability)	
1380 E 330 S Pro		2.1 1.0.2 to determine penanty massing)	
		re street address)	_
			•
	(Current mailing	11	- '
	•	g address, it different)	
	•	g address, it different)	:
Name and stree	et address of Florida registered agent: (P.O		:
Name and stree			:
Name:	et address of Florida registered agent: (P.O		:
	et address of Florida registered agent: (P.O John Patrick Ketchum 7000 NW 46th St	. Box <u>NOT</u> acceptable)	:
Name:	et address of Florida registered agent: (P.O John Patrick Ketchum 7000 NW 46th St		

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

A. DIRECTORS							
□Chairman	John Patrick Ketchum Name:	□ Chairman	Name:				
□Vice Chairman	Address: 1380 E 330 S	□Vice Chairman	Address				
□Director	Provo, UT 84606	□Director					
■ President		□President					
□Vice President		□Vice President					
□Secretary	□Treasurer	☐ Secretary		□Treasurer			
□Other	Other	Other	·	□Other			
700							
□Chairman	Name:	□Chairman 					
□Vice Chairman	Address:	□Vice Chairman	Address:				
□Director		□Director	<del></del>				
□President		□President	<del></del>				
□Vice President		□Vice President					
☐ Secretary	□Treasurer	□ Secretary		□Treasurer			
□Other	Other	□Other	·	□Other			
				1 -			
□Chairman	Name:	Chairman	Name:				
□Vice Chairman	Address:	□ Vice Chairman	Address:	·			
□Director		□Director		- '			
□President		□President					
□Vice President		□Vice President					
Secretary	□Treasurer	□Secretary		□Treasurer			
□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.							
12.	f Chicken	- Corne					
The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.							

13. John Patrick Ketchum

(Typed or printed name and capacity of person signing application)



#### **Utah Department of Commerce**

Division of Corporations & Commercial Code 160 East 300 South, 2nd Floor, PO Box 146705 Saft Lake City, UT 84114-6705 Service Center: (801) 530-4849 Toll Free: (877) 526-3994 Utah Residents Fax: (801) 530-6438 Web Site: http://www.commerce.utah.gov

> 02/02/2021 11914994-014202022021-850350

## CERTIFICATE OF EXISTENCE

Registration Number: 11914994-0142

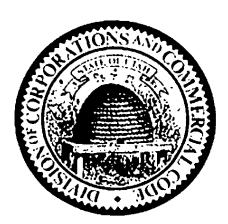
Business Name: MEDX STAFFING, INC.

**Registered Date:** August 25, 2020

Entity Type: Corporation - Domestic - Profit

Status: Current

The Division of Corporations and Commercial Code of the State of Utah, custodian of the records of business registrations, certifies that the business entity on this certificate is authorized to transact business and was duly registered under the laws of the State of Utah. The Division also certifies that this entity has paid all fees and penalties owed to this state; its most recent annual report has been filed by the Division (unless Delinquent); and, that Articles of Dissolution have not been filed.



Som Stupe



Jason Sterzer
Director
Division of Corporations and Commercial Code