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COVER LETTER

SUBJECT: Cayer Strategies Healthcare Include suffix Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the	_		
Dear Sir or Madam: The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida,"			
The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida,"			
above referenced foreign corporation to transact business in Florida.			
Please return all correspondence concerning this matter to the following:			
Angelica Guzman Name of Person			
Name of Person	_		
Career Strategies Healthcare Inc. Firm/Company			
Firm/Company			
1 Chisholm Trail Rd Ste. 210	_		
:			
Round Ruck, Texas 78681 City/State and Zip code			
E-mail address: (to be used for future annual report notification)			
E-mail address: (to be used for future annual report notification)			
For further information concerning this matter, please call:			
Arrielica Guzman at (737) 242-7300 Name of Person Area Code Daytime Telephone Number			
Name of Person Area Code Daytime Telephone Number			
OTTO POTE CONTINUED ADDRESS			
STREET/COURIER ADDRESS: MAILING ADDRESS: Registration Section Registration Section			
Division of Corporations Division of Corporations			
The Centre of Tallahassee P.O. Box 6327	P.O. Box 6327		
2415 N. Monroe Street, Suite 810 Tallahassee, FL 32314 Tallahassee, FL 32303			
Enclosed is a check for the following amount: Please make check payable to: FLORIDA DEPARTMENT OF STATE \$\Boxed{\text{S70.00 Filing Fee}} \Boxed{\text{S78.75 Filing Fee}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certificate of Status}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed{\text{S87.50 Filing Fee}} \Boxed{\text{Certified Copy}} \Boxed			

ÁPPLICATION 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. Career Strategies Health Care, Inc.
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp," "Inc," "Co," or "Corp.") (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida) 2. Texas (State or country under the law of which it is incorporated) 3. (FEI number, if applicable) (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability) 7. 1 Chishalm Trail Rd. Ste. 210 Round Rock, TX 78681
(Principal office street address) (Current mailing address, if different) 8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable) Name: Registered Agent Solutions, Inc.

Office Address: 2894 Remington Green Ln. Ste. A

Tallahassee , Florida 32308

(City) (Zip code) 9. Registered agent's acceptance: Having been named as registered agent and to accept service of process for the above stated corporation 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. Milioyellilli Samantha Niels, Assistant Secretary (Registered agent's signature)

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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS			, d		
□Chairman	Name: Durin Rado	□Chairman	Name: Angelica Guzman		
□Vice Chairman	Address: 1 Chisholm TrailRd.	□Vice Chairman	Address: 1 Chishdim Trail Rd.		
Director	Ste 210	□Director	Ste. 210		
President	Round Rock, TX 78681	□President	Roand Rock, TX 78681		
□Vice President		□Vice President			
Secretary	□Treasurer	Secretary	□Treasurer		
□Other	Other	Other	Other		
□Chairman	Name: Sandra Murclock	□Chairman	Name: Kayla Adams		
□Vice Chairman	Address: 1 Chispolm Toul Rd.	□Vice Chairman	Address: 1 Chisholm Trail Rd		
₩Director	Ste. 210	Director	Stc. 210		
∠ □President	Round Rock, TX 78681	□President	Round Ruck, TX 78681		
□Vice President		□Vice President			
☐ Secretary	Treasurer	□Secretary	□Treasurer		
□Other	□Other	□Other	Other		
□Chairman	Name: Shelley Shumway	□ Chairman	Name: Julie Maddox		
□Vice Chairman	Address: 1 Chisholin Trail Rd.	□Vice Chairman	Address: 1 Chisholm Trail Rd		
Director	Ste. 210	Director	Ste. 210		
□President	Round Rock, TX 78681	r □President	Roard Ruck, TX 78681		
□Vice President		□Vice President			
□Secretary	☐ Treasurer	Secretary	□Treasurer		
DOther CO	Other	□Other	Other		
individuals may be	Use an attachment to report more than six (6). The attace added to the index when filing your Florida Department	nt of State Annual R	eport form.		
12. Signature of Director or Officer					
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. Angelica Guzman - Secretary (Typed or printed name and capacity of person signing application)					

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Career Strategies Healthcare, Inc. (file number 805323838), a Domestic For-Profit Corporation, was filed in this office on November 28, 2023.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on March 04, 2024.



Phone: (512) 463-5555

gave Helson

Jane Nelson Secretary of State