

MD3 000603615

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

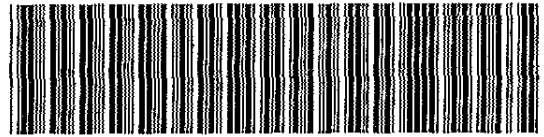
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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MD3-3615
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LAW OFFICES
STEPHEN J. WEISS
554 SOUTH LIVINGSTON AVENUE
LIVINGSTON, NEW JERSEY 07039

MEMBER OF THE BAR:
NEW YORK
NEW JERSEY

(973) 994-3814
FAX (973) 994-7348

October 17, 2003

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

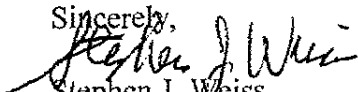
Re: Prime Medical Staffing LLC

Gentlemen:

Enclosed herewith is the Application by a Foreign Limited Liability Company for Authorization to Transact Business in Florida in duplicate, a Certificate of Designation of Registered Agent/Registered Office, a copy of the Filed Certificate of Formation, an original of a Certificate of Good Standing, and a check for \$130.00 made payable to the Florida Department of State (the latter for the filing fee, the designation of the registered agent, and a certificate of status). If there is no additional charge, please mark the said Authorization duplicate with the date received and return with the certificate of status; otherwise, ignore the duplicate.

Thank you.

Sincerely,


Stephen J. Weiss

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

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:

1. PRIME MEDICAL STAFFING, LLC
(Name of foreign limited liability company)

2. New Jersey
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 81-0633820
(FEI number, if applicable)

4. September 26, 2003
(Date of Organization)

5. perpetual
(Duration: Year limited liability company will cease to exist or "perpetual")

6. Upon Filing
(Date first transacted business in Florida. (See sections 608.501, 608.502, and 817.155, F.S.))

7. 155 North Washington Avenue
Bergenfield, NJ 07621
(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:

Managing Member: Aureo Capiral

155 North Washington Avenue

Bergenfield, NJ 07621

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 certificate under oath of the translator must be submitted.)

11. Nature of business or purposes to be conducted or promoted in Florida: to provide medical placements and staffing for medical care providers and any other

purpose connected with same, and for any other lawful purpose.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

X Aureo Capiral

Typed or printed name of signee
Aureo Capiral

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:

Prime Medical Staffing LLC

2. The name and the Florida street address of the registered agent and office are:

C T Corporation System

(Name)

c/o C T Corporation System, 1200 South Pine Island Road

Florida street address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33324

City/State/Zip

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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

C T Corporation System


(Signature)

SHEILA CLARK
Assistant Secretary

\$ 100.00 Filing Fee for Application
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (optional)
\$ 5.00 Certificate of Status (optional)

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRIME MEDICAL STAFFING, LLC
0600180995

*I, the Treasurer of the State of New Jersey,
do hereby certify that the above-named
New Jersey Domestic Limited Liability Company was
registered by this office on September 26, 2003.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

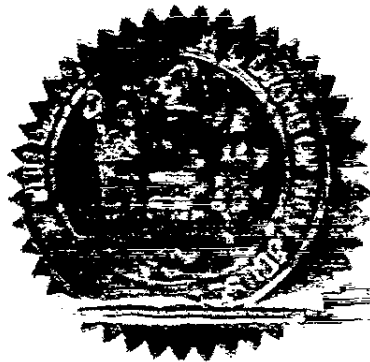
*I further certify that the registered agent and
registered office are:*

*Aureo Capiral
155 North Washington Avenue
Bergenfield, NJ 07621*

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PRIME MEDICAL STAFFING, LLC



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
17th day of October, 2003

A handwritten signature in cursive script, reading "John E. McCormac".

John E McCormac, CPA
State Treasurer