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### FOREIGN LIMITED LIABILITY COMPANY

NI Healthcare Resources, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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## 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:

	NI Healthcare Resources, LLC (Name of foreign	im)	ited liability company)	
r	Nainemana	3.	20-0490697	
()	belaware urisdiction under the law of which foreign limited liability commany is organized)	•	(FEI number, if applicable)	03[
	12/17/03	5.	Perpetual 25	
•	(Date of Organization)		(Duration: Year limited liability company will genee to exist or "perpetual")	<u></u>
	(Date first transacted business in Florida. (Se		miles (08 50) 508 502 and 117 155 HS	_:2
	(Date first transacted outsiness in Florida, (Se	C 54		
٠,	9703 Richmond Avenue, Houston, TX 77042		<u> </u>	<u>သ</u>
,	Street address	ı Ai	principal office)	
	(Street atm es	3 523	principal ecice/	
٠	If limited liability company is a manager-managed	c	ompany, check here	
,	The name and usual business addresses of the ma	382	ging members or managers are as follows:	
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX.	70	42	
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	70	42	<del></del> .
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	770	42	···········
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	770	42	
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	770	42	<del></del>
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	770	42	
	Talent Tree, Inc., 9703 Richmond Avenue, Houston, TX	70	42	
ì				
ì	Attached is an original certificate of existence, no more than	90:	days old, duly authenticated by the official having custody	of records
ì.		90 a	days old, duly authenticated by the official having custody official is in a foreign	of records
	Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A paranslation of the certificate under oath of the trans	90 sho	days old, duly authenticated by the official having custody official is an acceptable. If the certificate is in a foreign or must be submitted.)	of records
	Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A)	90 sho	days old, duly authenticated by the official having custody official is an acceptable. If the certificate is in a foreign or must be submitted.)	of records
	Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A paranslation of the certificate under oath of the trans	90 sho	days old, duly authenticated by the official having custody official is an acceptable. If the certificate is in a foreign or must be submitted.)	of records
	Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A paranslation of the certificate under oath of the trans Nature of business or purposes to be conducted or	90 sho	days old, duly authenticated by the official having custody official is an acceptable. If the certificate is in a foreign or must be submitted.)	of records
	Attached is an original certificate of existence, no more than the jurisdiction under the law of which it is organized. (A) translation of the certificate under eath of the trans.  Nature of business or purposes to be conducted of temporary staffing services.  Signature of a member or an ar	90 shoot at 1	days old, duly authenticated by the official having custody official not acceptable. If the certificate is in a foreign or must be submitted.)  promoted in Florida:  prorized representative of a member.  In the execution of this document constitutes	of records

Typed or printed name of signee

# į

## 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 n	ame of the Limited Liability	Company is:				
NI Health	care Resources, LLC			AGE AGE		
2. The n	ame and the Florida street a	diress of the regis	tered agent and office a			
		CT Corporation S	vstem.	<u> </u>		
		(Name)		ORIDA		
	c/o CT Corpor	ration System, 1200 S	louth Pine Island Road			
	Florida street address (P.O. Box NOT ACCEPTABLE)					
				•		
	Plantation,	FL	33324	٠		
		(City/State/Zip)				
liability c registere statutes r	een named as registered age company at the place designa d agent and agree to act in the relating to the proper and con e obligations of my position t	ted in this certifica is capacity. I furti nplete performanc	te, I hereby accept the her agree to comply wis e of my duties, and I an	appointment as h the provisions of all ı familiar with and		
By: /	actor (Signature)	Vieto	or Alfano ot Secretary			

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

### The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "NI HEALTHCARE RESOURCES, 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 SEVENTRENTH DAY OF DECEMBER, A.D. 2003.

3741231 8300

030813589

AUTHENTICATION: 2819853

DATE: 12-17-03