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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Abigail kcgb 1958 PLLC 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:
Kelly C Gignal Name of Person
Abigail kegb 1958 PLLC Firm/Company
14719 2nd Ave CITNE
Bradenton FL 34212 City/State and Zip Code
Kelly gianac Chotmail. com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Kelly C. Gignac at (941) 746-6461 Name of 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: \$\int_{125.00}\$ \text{Filing Fee} \text{ \$\int_{130.00}\$ \text{Filing Fee & Certificate of Status}} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{155.00}\$ \text{Filing Fee & Certified Copy} \int_{155.00}\$

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

	COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FORE ITTED LLABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:
1	Ahinail Kaahileer DILL
1	(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")
Cor	name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the wrisent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability mpany," "L.L.C," "LLC.") North Carolina Jurisdiction under the law of which foreign limited liability (FEI number, if applicable)
c c	Jurisdiction under the law of which foreign limited liability (FEI number, if applicable) ompany is organized)
4.	(Date of Organization) 5. Derpetua (Duration: Year limited liability company will cease to exist or "perpetual")
6.	(Date first transacted business in Florida, if prior to registration.) (See sections 608.501 & 608.502 F.S. to determine penalty liability)
7.	and the second s
,	Brodenton, Florida 34212 (Street Address of Principal Office)
	If limited liability company is a manager-managed company, check here The name and usual business addresses of the managing members or managers are as follows:
RM	
•	Kelly C Gignac 14719 and Ave Cir NE Bradenton, FLorida 34212
thej	Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of record urisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a slation of the certificate under oath of the translator must be submitted.)
11.	Nature of business or purposes to be conducted or promoted in Florida:
-	Practice of Nursing
	Practice of Nursing
	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. 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.)
	Kelly C Gignac
	Typed or printed name of signee

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:
Abigail kcgb 1958, PLLC
If unavailable, the alternate to be used in the state of Florida is:
2. The name and the Florida street address of the registered agent and office are:
Kelly C. Gignac \ (Name)
14719 and Aue Cir NE Florida Street Address (P.O. Box NOT ACCEPTABLE)
Bradenton FL 34212 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, Florida Statutes.

\$ 100.00 Filing Fee for Application

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



NORTH CAROLINA Department of the Secretary of State

CERTIFICATE OF EXISTENCE (PROFESSIONAL LIMITED LIABILITY COMPANY)

I, Elaine F. Marshall, Secretary of State of the State of North Carolina, do hereby certify that

ABIGAIL KCGB 1958, PLLC

is a professional limited liability company duly formed under the laws of the State of North Carolina, having been formed on the 28th day of April, 2009, with a period of duration ending Perpetual.

I FURTHER certify that the said professional limited liability company's articles of formation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said professional limited liability company is not suspended for failure to comply with the provisions of any North Carolina Licensing Board; and that the said professional limited liability company has not filed articles of dissolution as of the date of this certificate.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 24th day of October, 2011.

Secretary of State

Elaine I. Marshall

Certification# 92021638-1 Reference# 10740963- Page: 1 of 1 Verify this certificate online at www.secretary.state.nc.us/verification