M1200005401

\ (Requestor's Name) .
(Address)
(Address)
(City/State/Zip/Phone #)
(Oky/State/Zip/Fhorie #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
,

Office Use Only



700239516877

09/13/12--01012--002 **130.00

2812 SEP 26 PM 1: 433
SECRETARY OF STATE.

T. CLINE SEP 2 7 2012

EXAMINATE



FLORIDA DEPARTMENT OF STATE Division of Corporations

September 14, 2012

VIRGINIA DULA 4456 LUKE AVE DESTIN, FL 32541

SUBJECT: TOTAL STAFFING SOLUTIONS, LLC

Ref. Number: W12000047548

We have received your document for TOTAL STAFFING SOLUTIONS, LLC and your check(s) totaling \$130.00. However, the document has not been filed and is being retained in this office for the following:

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return your document, along with a copy of this letter, within 60 days of your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammi Cline Regulatory Specialist II

Letter Number: 212A000231847

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Total Staffing Solu	ne of Limited Liability Company
Nar	ne of Limited Liability Company
	bility Company for Authorization to Transact Business in Florida," Certificate of bove referenced foreign limited liability company to transact business in Florida
Please return all correspondence concerning this ma	atter to the following:
Virginia	Name of Person
	Name of Person
Total S	Stayling Solutions
	WE ATC Address
	Address
Destin, F	7 32541 City/State and Zip Code
	City/State and Zip Code
virainiadula	a Camail. com
E-mail address: (t	o be used for future annual report notification)
For further information concerning this matter, pleas	se call: at (404) 520-0508
Virginia Dula	at 404 520-0508
Virginia Dula Name of Person	at (404) 520-0508 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 \$125.00 Filing Fee \$\sqrt{\$130.00 Filing Fe}\$ Certificate of State	e & \$\int\\$155.00 \text{ Filing Fee & \$\int\\$160.00 \text{ Filing Fee, Certificate}

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. Total Staying Solutions, LLC (Name of Foreign Prinited Liability Company; must include	"Limited Liability Company"", L.C." or "L.C.")
N/A	Zamied Salemy Company, Bision, or Sec.)
(If name unavailable, enter alternate name adopted for the purpose consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")	
2. Delaware (Jurisdiction under the law of which foreign limited liability company is organized) 3.	(FEI number, if applicable)
4. 27 APR 12 5. (Date of Organization)	Perpetua (Duration: Year limited liability company will cease to exist or "perpetual")
6N/A	
(Date first transacted business in Florid (See sections 608.501 & 608.502 F.S. to	determine penalty liability)
7. 4456 Luke Avc	
Destin FL 32541	•
(Street Address of	Principal Office)
8. If limited liability company is a manager-managed co	mpany, check here
9. The name and usual business addresses of the managi	ing members or managers are as follows:
Virginia Dula 4451e Luke Av	
4456 Luice Av	
Destin FL 325	341 Se = 11
10. Attached is an original certificate of existence, no more than 90 days the jurisdiction under the law of which it is organized. (A photocopy is translation of the certificate under oath of the translator must be submitted.	not acceptable. If the certificate is in a foreign language, a
11. Nature of business or purposes to be conducted or pr	comoted in Florida: Physical therapy
11. Nature of business or purposes to be conducted or prostally contract	Shorttern physical therapy services.
Signature of a member or an author	
(In accordance with section 608.408(3), F.S., the execution penalties of perjury that the facts stated herein are true. It document to the Department of State constitutes at	
VIEGINIA DUL	······································
Typed or printed na	ime 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 LIFE FOLLOWING STATEMENT TO DESIGNATE ATRIGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

L. The m	arme of the Limited Liability Company is:	
Total	Staffing Solutions, LLC	
If unavai	lable, the alternate to be used in the state of Florida is:	
R. The n	ame and the Florida street address of the registered agent and office are:	
	Agents and Corporations, Inc.	
	(Name)	

300 Fifth Avenue South Suite 101-330

Florida Street Address (P.O. Box NOT ACCUPTABLE)

Naples FL 34102

Having been named as registered agent and to accept service of process for the above stand thirded in this certificate, I hereby accept the appointment of 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 abligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

Agents and Corporations, Inc.

By: Vice President
(Signature)

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

Delaware

The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "TOTAL STAFFING SOLUTIONS 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 FIFTH DAY OF SEPTEMBER, A.D. 2012.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "TOTAL STAFFING SOLUTIONS LLC" WAS FORMED ON THE TWENTIETH DAY OF APRIL, A.D. 2012.

5142866 8300

120999097

Jeffrey W. Bullock, Secretary of State **AUTHENTYCATION: 9823146**

DATE: 09-05-12

ou may verify this certificate online t corp.delaware.gov/authver.shtml