

H1300020647246

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000206472 3)))



H130002064723ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

RECEIVED
13 OCT -2
SECRETARY OF STATE
TALLAHASSEE FLORIDA

To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : C T CORPORATION SYSTEM
Account Number : FCA000000023
Phone : (850) 222-1092
Fax Number : (850) 878-5368

RE-SUBMIT
Please retain original filing date of submission 9/20

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
ALLIANCE HEALTHCARE SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	086
Estimated Charge	\$125.00

FILED
2013 SEP 30 PM 12:46
SECRETARY OF STATE
TALLAHASSEE FLORIDA



September 18, 2013

FLORIDA DEPARTMENT OF STATE
Division of Corporations

C T CORPORATION SYSTEM

SUBJECT: ALLIANCE HEALTHCARE SOLUTIONS, LLC
REF: W13000051720

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an administratively dissolved/revoked entity. Names of administratively dissolved/revoked entities are not available for one year from the date of administrative dissolution/revocation unless the dissolved/revoked entity provides the Department of State with an affidavit or letter stating that they have no intention of reinstating, therefore, releasing the name for use to another entity.

The document number of the name conflict is L10000061557.

Please return your document, along with a copy of this letter, within 30 days or your filing will be considered abandoned.

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

Deborah Bruce
Regulatory Specialist II

FAX Aud. #: H13000206472
Letter Number: 413A00021900

RE-SUBMIT

Please retain original filing
date of submission 9/30

2013 SEP 30 PM 12:46
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA
FILED

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Alliance Healthcare Solutions, LLC
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:

Matt Lyon
Name of Person

Alliance Solutions Group, LLC
Firm/Company

4500 Rockside Road, Suite 210
Address

Independence, Ohio 44131
City/State and Zip Code

Matt Lyon (mlyon@alliancesolutionsgrp.com)
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Matt Lyon at (216) 525-0100
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:

- \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status \$155.00 Filing Fee & Certified Copy \$160.00 Filing Fee, Certificate of Status & Certified Copy

2013 SEP 30 PM 12:46
 FILED
 SECRETARY OF STATE
 TALLAHASSEE FLORIDA

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

IN COMPLIANCE WITH SECTION 608.303, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Alliance Healthcare Solutions, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "L.L.C.," "LLC.")

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

3. 45-3995686
(FEI number, if applicable)

4. November 4, 2011
(Date of Organization)

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

6. _____
(Date first transacted business in Florida, if prior to registration.)
(See sections 608.301 & 608.302 F.S. to determine penalty liability)

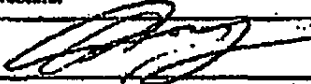
7. 4500 Rockside Road, Suite 210
Independence, Ohio 44131
(Street Address of Principal Office)

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:
Alliance Solutions Group, LLC
4500 Rockside Road, Suite 210
Independence, Ohio 44131

10. Attached is an original certificate of existence, no more than 90 days old, duly authorized 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: _____
Provide temporary and contract personnel



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

(In accordance with section 608.403(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.)
Aaron Crossman, Manager of Member

Typed or printed name of signer

SEP 30 PM 12:46
DEPARTMENT OF STATE
TALLAHASSEE FLORIDA

FILED

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:

Alliance Healthcare Solutions, LLC

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:

CT Corporation System
(Name)

1200 South Pine Island Road
Florida Street Address (P.O. Box **NOT** ACCEPTABLE)

Plantation FL 33324
City/State/Zip

SECRETARY OF STATE
TALLAHASSEE FLORIDA

SEP 30 PM 12:46

FILED

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.

CT Corporation System

By:

Renee Cruz
(Signature)

Renee Cruz, Asst. Secretary

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

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Jon Husted, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show ALLIANCE HEALTHCARE SOLUTIONS, LLC, an Ohio For Profit Limited Liability Company, Registration Number 2064913, was organized within the State of Ohio on November 29, 2011, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 16th day of September, A.D. 2013.

Jon Husted

Ohio Secretary of State

Validation Number: 201325903056