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FILED 2013 NOV 14 PN 2: 31 SECRETARY OF STATE CR2E027 (9/10)

#### **COVER LETTER**

TO:

Registration Section
Division of Corporations

### REPUBLIC HEALTH RESOURCES, LLC

SUBJECT

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:

FRANK R. SCAUZILLO, JR.

Name of Person

THE SCAUZILLO FIRM, PLLC

Firm/Company

1515 HERITAGE DRIVE., STE. 216

Address

MCKINNEY, TX 75069

City/State and Zip Code

rick@dfwcpas.com

For further information concerning this matter, please call:

FRANK R. SCAUZILLO, JR. at 972 562-2222

Name of Person

Area Code & Daytime Telephone Number

**MAILING ADDRESS:** 

Division of Corporations Registration Section P.O. Box 6327 Tallahassee, FL 32314 **STREET ADDRESS:** 

E-mail address: (to be used for future annual report notification)

Division of Corporations Registration Section Clifton Building 2661 Executive Center Circle

2661 Executive Center Circle Tallahassee, FL 32301

Enclosed is a check for the following amount:

□ \$130.00 Filing Fee & Certificate of Status

□ \$155.00 Filing Fee & Certified Copy

■ \$160.00 Filing Fee, Certificate of Status & Certified Copy



November 13, 2013

FRANK R. SCAUZIŁLO, JR. THE SCAUZILLO FIRM, PLLC 1515 HERITAGE DRIVE STE. 216 MCKINNEY, TX 75069

SUBJECT: REPUBLIC HEALTH RESOURCES, LLC

Ref. Number: W13000062789

We have received your document for REPUBLIC HEALTH RESOURCES, LLC and your check(s) totaling \$160.00. 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 or your filing will be considered abandoned.

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

Neysa Culligan Regulatory Specialist II

Letter Number: 113A00026248

www.sunbiz.org

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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:

1. REPUBLIC HEALTH RESOURCES, 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 consent of the managers or managing members adopting the alternate Company," "L.L.C," "LLC.")		1
<sub>2.</sub> DELAWARE	<del>1</del> 6-1403170	
(Jurisdiction under the law of which foreign limited liability company is organized)	(FEI number, if applicable)	
4. 11/13/2012 <sub>5.</sub> F	PERPETUAL	
(Date of Organization)	(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. 434 LA VILLITA BLVD., IRVING, TX 75039		-7
	5039 See 5	
(Street Address of P	rincipal Office)	
8. If limited liability company is a manager-managed company, check here		
9. The name and usual business addresses of the managir	ng members or managers are as follows:	
SCOTT MARTINDALE - 434 LA VILLI	TA BLVD., IRVING, TX 75039	
	,	
10. Attrohed in an arininal contificate of aristones are more than 00 days		•
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	m
11. Nature of business or purposes to be conducted or pro	omoted in Florida: TEMOPORARY MEDICAL	
STAFFING.	A .	
Sand I		
Signature of a member or an author	rized representative of a member.	
(In accordance with section 608,408(3), F.S., the execution	of this document constitutes an affirmation under the	

Typed or printed name of signee

SCOTT MARTINDALE

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.)

## 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: REPUBLIC HEALTH RESOURCES, 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:	Machine 2014 A Programme
NRAI SERVICES, INC.	75 <b>29</b>
(Name)	200 NOV F1
1200 S. PINE ISLAND ROAD	A T
Florida Street Address (P.O. Box NOT ACCEPTABLE)	
PLANTATION FL 33324	1 2: 30 STATE FLORIDA
City, Ciator City	•

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.

(Signature) Patricia Tadlock
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)

## Delaware

PAGE '

#### The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "REPUBLIC HEALTH 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 TWENTY-EIGHTH DAY OF AUGUST, A.D.

2013.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REPUBLIC HEALTH RESOURCES LLC" WAS FORMED ON THE THIRTEENTH DAY OF NOVEMBER, A.D. 2012.

5240529 8300

131033826

DATE: 08-28-13

AUTHENTICATION: 0697091

Jeffrey W. Bullock, Secretary of State

329 8300

You may verify this certificate online at corp.delaware.gov/authwar.shtml