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COVER LETTER

TO: Registration Section

Division of Corporations

Quality Caregivers Solution Services 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: Imelda Vasquez Name of Person Legalzoom.com, Inc. Firm/Company 100 W. Broadway Suite 100 Address Glendale, CA 91210 City/State and Zip Code pattystallworth@hotmail.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Imelda Vasquez Name of Contact Person Daytime Telephone Number **MAILING ADDRESS: STREET ADDRESS:** Division of Corporations Division of Corporations Registration Section Registration Section Clifton Building P.O. Box 6327 Tallahassee, FL 32314 2661 Executive Center Circle Tallahassee, FL 32301 Enclosed is a check for the following amount: ☐ \$125.00 Filing Fee □ \$130.00 Filing Fee & ■ \$155.00 Filing Fee & ☐ \$160.00 Filing Fee, Certificate Certificate of Status of Status & Certified Copy Certified Copy

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FULLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Alabama (Idurisdiction under the law of which foreign limited liability (FEI number, if applicable) (Company is organized) (Date first transacted business in Florida, if prior to registration.) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (See sections 605.0904 & 605.0905, F.S. to determine penalty liability) (Mulling Address) (Mulling Address) (Mulling Address) 7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are. Patty Stallworth, Member, 5902 Chalet Dr., Mobile, AL 36608 Travis Stallworth, Member, 5902 Chalet Dr., Mobile, AL 36608 3. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the onaving 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 training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the certificate under oath of the training and the second of the second of the certificate under oath of the training and the second of the se	or "LLC.")	1. Quality Caregivers Solution Services LLC (Name of Foreign Limited Liability Company; must Include "Limited Liability Company," "L.L.
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	photocopy is not	having custody of records in the jurisdiction under the law of which it is organized.
Signature of an authorized person In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated he maware 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.		In accordance with section 605 0203, F.S., the execution of this document constitutes an affirmation under the penalties of am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as
Patty Stallworth Typed or printed name of signee		

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

	ne of the Limited Liability (y Caregivers So	Company is: Iution Services LLC	
	ble, the alternate to be used		
2. The nam	ne and the Florida street add	dress of the registered agent and office are:	
	Shanta Sand	ders	As t
	Shanta Sano	ders (Name)	14 AUI SI CRE TALL AT
	Shanta Sand	(Name)	14 AUG 14 SE CRETAN TALL AHASS
	7641 Mayo S	(Name)	<u></u>
	7641 Mayo S	(Name)	14 AUG TH AH 9: SE CRETARY DE SE

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 605, Florida Statutes.

Sharte Indo

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (optional) \$ 5.00 Certificate of Status (optional) Jim Bennett Secretary of State P.O. Box 5616 Montgomery, AL 36103-5616

STATE OF ALABAMA

I, Jim Bennett, Secretary of State of Alabama, having custody of the Great and Principal Seal of said State, do hereby certify that

the entity records on file in this office disclose that Quality Caregivers Solution Services LLC was formed in Mobile County, Alabama on September 10, 2013. The Alabama Entity Identification number for this entity is 287-188. I further certify that the records do not disclose that said entity has been dissolved, cancelled or terminated.

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In Testimony Whereof, I have hereunto set my hand and affixed the Great Seal of the State, at the Capitol, in the city of Montgomery, on this day.

8/14/2014

Date

Ju sum

Jim Bennett

Secretary of State