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(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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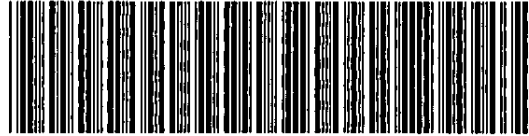
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

J. Shivers DEC 17 2014

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Selective Medical Staffing of Texas 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:

MARISA GLADEN  
Name of Person

Selective Medical Staffing of Texas LLC  
Firm/Company

3330 Matlock Rd #207  
Address

Arlington, TX 76015  
City/State and Zip Code

marisa@smsoftx.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Marisa Gladen at (903) 647-4512  
Name of Contact 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

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

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

1. Selective Medical Staffing of Texas LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

Selective Medical Care Management LLC  
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Texas 3. FEI: n/a EIN: 46-3403990  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. n/a  
(Date first transacted business in Florida, if prior to registration.)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 3330 Matlock Rd # 207  
Arlington, TX 76015  
(Street Address of Principal Office)

6. 3330 Matlock Rd # 207  
Arlington, TX 76015  
(Mailing Address)

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:  
Marisa Gladen - CEO 2717 Shadow Wood Dr.  
Arlington, TX 76006

8. Attached is an original certificate of existence, no more than 90 days old, duly authenticated 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)

Marisa Gladen  
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 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.)

MARISA GLADEN  
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.

1. The name of the Limited Liability Company is:

Selective Medical Staffing of Texas, 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:

Incorp Services, Inc.  
(Name)

17888 67th Court North  
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee, FL 33470  
City/State/Zip

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*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.*

Muhammad Ntawue Bateson on behalf of Incorp Service Inc.  
(Signature)

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

Corporations Section  
P.O.Box 13697  
Austin, Texas 78711-3697



Nandita Berry  
Secretary of State

## Office of the Secretary of State

### Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Selective Medical Staffing of Texas, LLC (file number 801832373), a Domestic Limited Liability Company (LLC), was filed in this office on August 13, 2013.

It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate MARISA GLADEN as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

3330 MATLOCK RD  
STE 207  
ARLINGTON, TX - 76015 USA

In testimony whereof, I have hereunto signed my name  
officially and caused to be impressed hereon the Seal of  
State at my office in Austin, Texas on October 08, 2014.

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



*Nandita Berry*

Nandita Berry  
Secretary of State