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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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To:			=			
10.	Division of Corporations Fax Number ; (850)617-6383		2	1		
From:	Account Name : C T CORPORATION SYSTEM Account Number : FCA00000023 Phone : (850)205-8842		% 2 ₽	1		

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

Fax Number : (850)878-5368

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SIGNATIZ AN US SK

Foreign Limited Liability Company Exceptional Medical Staffing, LLC

Certificate of Status	0
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Corporate Filing Menu

Help 13 2016 J SHIVERS 5/12/2016 8:53:10 AM From: To: 8506176383(2/4)

COVER LETTER

	istration Section ision of Corporati	ions			
BEID IBANG.	Exceptional Medi	cal Staffing, LLC			
SUBJECT:		Name of	Limited Liability	Company	
The enclosed Existence, an	"Application by F d check are submit	oreign Limited Liability Content to register the above reference	ipany for Authoriz renced for ei gn lim	ation to Tr ited Habilit	ansact Business in Florida," Certificate of ty company to transact business in Florida
Please return	all correspondence	concerning this matter to the	e following:		
	Marcy Lyon				
		N	lame of Person		ayını dünği diliktifik i raliyye , yeşşendişinininin kalafat Palatyye yışışılırı i f
	Exceptional I	Medical Staffing, LLC			•
	al hit in Manager and and a financial and a fi]	irm/Company		A CONTRACTOR OF THE PARTY OF TH
	700 N. Color	ado Blvd., #318			
	e den simble general and denominate generalization of finishing		Address	· 	
	Denver, CO 8	30206			
•	, , , , , , , , , , , , , , , , , , , 	City/S	State and Zip Code		
		E-mail address: (to be use	d for littere annua	report no	idealon)
For further in	formation concerni	ng this matter, please call:	SE 1371 TENERS SECTION		,,,==-
	throeder		713 at (332-37	93
	Name	of Contact Person	Area Code	Day	time Telephone Number
Divis Regi P.O.	LING ADDRESS sion of Corporation stration Section Box 6327 thussee, FL 32314			Division Registrat Clifton 8 2661 Exc	CADDRESS: of Corporations ion Section wilding secutive Center Circle sec, Ft. 32301
	check for the follow 25.00 Filing Fee	wing amount: \$130,00 Filing Fee & Certificate of Status	☐ \$155.00 Filis Certified Copy	g Foe &	☐ \$160.00 Filing Fee, Cortificate of Status & Certified Copy

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

IN COMPLIANCE WITH SECTION 605 6902, FLORIDA SIGIUTES, THE POLICIBING IS SUBMITTED TO REGISTER A POREKIN LIMITED LABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. Exceptional Medical S (Name of For	iathing, E.I.C. eigh Limited Liability Company; must includ	e "Limited Lia	odity Company, "I. L.C.," c	r"[LC.")		-
(Il'name unavailable, enter a	ternate name adopted for the purpose of tran-	sacting business	s in Clorida. The alternate of	ine must iach	ıde ''l in	nited
Liability Company," "L.L.C,	" or "LLC.")	•	a all the the artifacts in	in c man men	ACC 1.111	incri
2. Colorado	3.	81-2275152				_
company is organized)	of which threign limited liability		(FEI number, if applicable	2)		•
L. Upon Filing						
	(Date first transacted business in Fla (See sections 605.0904 & 605.0905, F.	S, to determine	registration.) penalty liability)			
700 N. Colorado Blvd.	. #318					
Denver, CO 80206						
	(Street Address of Principal	Office)	,		⊘	
·					5	•
	(Mailing Address)			_ 얼음(8	
	•			ma	300 TE	ineritan.
Name and street address	s of Florida registered agent: (P.O. Box	NOT accepts	ible)	٣. ز٠.	Çip	Franconder D. N. F.
Name:	NRA1 Services, Inc.			95	₩ 	£
Office Address:	1200 South Pine Island Road	****		**************************************		
	Plantation		, Florida 33324			
	(City)		(Zip code)			
esignated in this applicate complywith the provision complywith the provision of the obligations of the control	dstered agent and to accept service of pritan, I hereby accept the appointment as us of all statutes relative to the proper any position as registered agent. NRAI Services, Mc.	registered ag ind complete AlAA=	ent and agree to act in th	is capacity, s, and f am j	I furth	er agre
	(Registured later	(k signature)		-		
. The name, title or capa-	city and address of the person(s) who has	/have authori	ty to manage is/are:			
lichael Jordan, Member -	700 N. Colorado Blvd., #318, Deuver, C	CO 80206				
. Larry Atwell, Member -	700 N. Colorado Blvd., #318, Denver, C	O 80206				
Attached is a certificate of isdiction under the law of the translator must be sold.	of existence, no more than 90 days old, di f which it is organized. (If the certificate omitted) Signature of an author	is in a foreign	i language, a translation o	custody of refittee	ecords i	n the er oath
hmitted in a document to	n accordance with section 605,0203 (1) (the Department of State constitutes a third				nation .	
	R. Larry Atwell, Member			-		
	Typed or printed nau	ne of signee				

OFFICE OF THE SECRETARY OF STATE OF THE STATE OF COLORADO

CERTIFICATE OF FACT OF GOOD STANDING

I, Wayne W. Williams, as the Secretary of State of the State of Colorado, hereby certify that, according to the records of this office,

exceptional medical staffing, llc

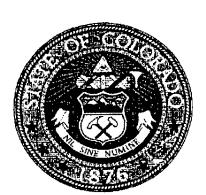
is a

Limited Liability Company

formed or registered on 04/18/2016 under the law of Colorado, has complied with all applicable requirements of this office, and is in good standing with this office. This entity has been assigned entity identification number 20161266682.

This certificate reflects facts established or disclosed by documents delivered to this office on paper through 05/10/2016 that have been posted, and by documents delivered to this office electronically through 05/11/2016 @ 14:05:45.

I have affixed hereto the Great Seal of the State of Colorado and duly generated, executed, and issued this official certificate at Denver, Colorado on 05/11/2016 @ 14:05:45 in accordance with applicable law. This certificate is assigned Confirmation Number 9645274



Mayne Williams

Secretary of State of the State of Colorado

Nonce: A certificate issued electronically from the Colorado Secretary of State's Web site is fully and immediately valid and effective. However, as an option, the issuance and validity of a certificate obtained electronically may be established by visiting the Validate a Certificate page of the Secretary of State's Web site, http://www.sox.state.co.us/bit/CertificateSearchCriterio.do entering the certificate's confirmation number displayed on the certificate, and following the instructions displayed. Confirming the issuance of a certificate is merely optional and is not necessary to the valid and effective issuance of a certificate. For more information, visit our Web site, http://www.sox.state.co.us/click/Plusinesses, trademarks, trade names" and select "Frequently Asked Questions."