# 1416000004668

(Re	equestor's Name)	an.		
(Address)				
(Ad	ldress)			
(Cit	ty/State/Zip/Phone	e #)		
PICK-UP	WAIT	MAIL		
(Bu	siness Entity Nan	ne)		
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
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TILED

16 JUN-9 AM 9:51



JUN 1 0 2016 Y SULKER CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195

REFERENCE : 173597 7280756

AUTHORIZATION: Smille Man

COST LIMIT : \$\sigma125\forall 00

ORDER DATE: June 8, 2016

ORDER TIME : 9:53 AM

ORDER NO. : 173597-015

CUSTOMER NO: 7280756

#### FOREIGN FILINGS

NAME: REGRUB LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Melissa Zender -- EXT# 62956

EXAMINER:

#### **COVER LETTER**

TO:

Registration Section

Division of Corporations						
SUBJECT:	REGRUB LLC					
	Name of Limited Liability Company					
	osed "Application by Foreign Limited Liability Company for Authorization to Tract, and check are submitted to register the above referenced foreign limited liability					
Please return	turn all correspondence concerning this matter to the following:					
	Susanne Sullivan					
	Name of Person					
	Scyfarth Shaw LLP					
	Firm/Company					
	Two Scaport Lane, Suite 300					
Address						
	Boston, MA 02210					
	City/State and Zip Code					
	ssullivan@seyfarth.com					
	E-mail address: (to be used for future annual report no	ification)				
For further in	er information concerning this matter, please call:					
Sus	Susanne Sullivan 617 946-83	03				
	Name of Contact Person Area Code Day	time Telephone Number				
Div Reg P.O	Division of Corporations Registration Section P.O. Box 6327 Clifton B Fallahassee, FL 32314 Control of Corporations Registrat Clifton B Control of Corporations Registrat Clifton B Control of Corporations Registrat Clifton B Control of Corporations	ADDRESS: of Corporations ion Section uilding cutive Center Circle iee, FL 32301				
	is a check for the following amount:  \$\Begin{array}{ll} \\$125.00 \text{ Filing Fee} \\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	□ \$160.00 Filing Fee, Certificate of Status & Certified Copy				

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

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

REGRUB LLC			
(Name of Fore	eign Limited Liability Company; must includ	e "Limited Liability Company," "L.L.C.," o	of "LLC.")
(If name unavailable, enter a Liability Company," "L.L.C,	lternate name adopted for the purpose of tran: " or "LLC.")	sacting business in Florida. The alternate na	ume must include "Limited
2 Delaware	3		
(Jurisdiction under the law company is organized)	of which foreign limited liability	(FEI number, if applicabl	e)
4	(Date first transacted business in Flo (See sections 605.0904 & 605.0905, F.	rida, if prior to registration.)	_
ala Cross Country Gro	(See sections 605.0904 & 605.0905, F. oup, 1 Cabot Road, Medford, MA 02155	S. to determine penalty liability)	
5. Co Cross Country Gro	oup, 1 Cabot Road, Medicili, MA 02133		_
·	(Street Address of Principal	Office)	— <del>:</del>
6. c/o Cross Country Grou	up, 1 Cabot Road, Medford, MA 02155		_ <del>*</del>
			JUN -
<del></del>	(Mailing Address)		- 33 <del>-</del>
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT acceptable)	SEE
Name:	Corporation Service Company		<u> </u>
Office Address:	1201 Hays Street		20 <b>27 27</b>
	Tallahassee	, Florida 32301 (Zip code)	
	(City)	(Zip code)	_
Registered agent's accep	stance: egistered agent and to accept service of p	rucess for the above stated limited liai	hility company at the place
designated in this applica	tion, I hereby accept the appointment as	registered agent and agree to act in to	his capacity. I further agree
	ons of all statutes relative to the proper only position as registered agent.	ana complete perjormance of my auto	
	7VI.	tonto 2	Melissa Zender
	(Registered ages	nt's signature)	-Asst. Vice President
8. The name, title or capa	acity and address of the person(s) who ha	s/have authority to manage is/are:	
Thomas O. Jones, Preside	ent		
c/o Cross Country Group,	, 1 Cabot Road, Medford, MA 02155		
	of existence, no more than 90 days old, of which it is organized. (If the certificate ubmitted)		
	<u> </u>	۷	<del></del>
	Signature of an au	thorized person	
	I in accordance with section 605.0203 (1) to the Department of State constitutes a thi		
	Thomas O. J	ones	<del></del>
	Typed or printed na	une of signee	

Page 1

## Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REGRUB 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 EIGHTH DAY OF JUNE, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGRUB LLC" WAS FORMED ON THE FOURTH DAY OF AUGUST, A.D. 2014.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 202452470

Date: 06-08-16

5560437 8300 SR# 20164358323