M16000008221

(Re	questor's Name)	
(Ad	dress)	
. (Aď	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
		·
(Do	cument Number)	
Certified Copies	Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only



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16 OCT 14 JN 8-21



D. SCOTT 0CT 17 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT NO. : I2000000195	
REFERENCE : 330435 7280756	
AUTHORIZATION : Juli Ble man	
COST LIMIT : \$ 125.00	
ORDER DATE: October 14, 2016	
ORDER TIME : 10:08 AM	
ORDER NO. : 330435-005	
CUSTOMER NO: 7280756	
FOREIGN FILINGS	SS is
NAME: REGRUB DALEMABRY LLC	ORE LANGUES, HE
XXXX QUALIFICATION (TYPE: LL)	8: 25 TARE 0980A
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:	
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING	

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO:		ation Section n of Corporation	ıs					
SUBJE		GRUB DALEM	ABRY LLC					
			Name of	Limited Liability	Company			
			reign Limited Liability Comp d to register the above refere					
Please	rcturn all	correspondence o	concerning this matter to the	following:				
		Susanne Sulliv	an					
			N	ame of Person				
		c/o Seyfarth Sh	aw					
	Firm/Company							
		Two Scaport L	ane, Suite 300					
				Address				
	Boston, MA 02210							
			City/S	tate and Zip Code	,	·		
		ssullivan@scyfa	rth.com					
	•		E-mail address: (to be used	d for future annua	l report not	ification)		
For fur	ther infor	mation concernin	g this matter, please call:					
	Susann	e Sultivan		617 at (946-83	03		
		Name o	of Contact Person	Area Code	Day	time Telephone Numl	per	
	Division Registra P.O. Bo	NG ADDRESS: n of Corporations ation Section ox 6327 ssee, FL 32314			Division Registrati Cliflon B 2661 Exe	ADDRESS: of Corporations ion Section uilding cutive Center Circle ce, FL 32301	1887	FILED
Enclos		eck for the follow .00 Filing Fee	ring amount: ☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Fili Certified Copy		S160.00 Filing For Status & Certification	ee, Certifica d Copy	and leave

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

IN COMPLANCE 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:

1. REGRUB DALEMABI				
(Name of Fore	ign Limited Liability Comp	any; must include "Limited Li	ability Company," "L.L.C.,	," or "LLC.")
		purpose of transacting busine	ss in Florida. The alternate	name must include "Limited
Liability Company," "L.L.C,"	or "LLC.")			
2. Delaware	* * * * * * * * * * * * * * * * * * *	3	(FEI number, if applic	.(1)
(Jurisdiction under the law company is organized)	of which foreign limited had	ounty	(FEI number, il applic	adic)
4	-			
	(Date first transacte (See sections 605.090	d business in Florida, if prior t 4 & 605.0905, F.S. to determin	o registration.) ne penalty liability)	
5. c/o Cross Country Gro	up, 1 Cabot Road, Medfo	ord, MA 02155		58 5
				EST
·	(Street Add	dress of Principal Office)		一趟岛工
6. c/o Cross Country Grou				· · · · · · · · · · · · · · · · · · ·
ь	F,			一位5 「四」
-	(1	Mailing Address)		\$150 0
7. Name and street addres	s of Florida registered ag	ent: (P.O. Box NOT accer	otable)	資料 3
Name:	Corporation Service Co	ompany	•	•
ranio.	1201 Hays Street			
Office Address:				
	Tallahassee		, Florida	
	-	City)	(Zip code	e)
Registered agent's accep		and comitae of message for t	ha akana stated limited	liability company at the place
				in this capacity. I further agree
to complywith the provision	ons of all statutes relative	e to the proper and complet		utles, and I am familiar with and
accept the obligations of i	ny position as registered	agent.	1	
		11. Torde	<u> </u>	Melissa Zender
		(Registered agent's signature)	Asst. Vice President
8. The name, title or caps	city and address of the n	erson(s) who has/have autho	ority to manage is/are	
Thomas O. Jones, Preside			mily to manage in all of	
		<u> </u>		
c/o Cross Country Group,	l Cabot Road, Medford,	MA 02155		
				ving custody of records in the
of the translator must be si		(If the certificate is in a fore	ign language, a translati	on of the certificate under oath
of the diminator mast be st	iomitted)	100	/	
		20126	<u> </u>	·····
	S	Signature of an authorized pers	on	
This document is executed	in accordance with section	on 605.0203 (1) (b), Florida	Statutes. I am aware tha	at any false information
submitted in a document to	ine Department of State	constitutes a third degree fe	iony as provided for in s	3.817.155, F.S.
		Thomas O. Jones		
	T	yped or printed name of signee		

Page 1

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REGRUB DALEMABRY 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 FOURTEENTH DAY OF OCTOBER, A.D. 2016.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "REGRUB DALEMABRY LLC" WAS FORMED ON THE THIRTEENTH DAY OF OCTOBER, A.D. 2016.

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

FILEU 16 DOT 14 MI 8: 25 SECRETARISES TELEBRISTO



Authentication: 203159788

Date: 10-14-16