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| (Re | equestor's Name) | | | |
|-------------------------|--------------------|-------------|--|--|
| (Ad | ldress) | | | |
| (Ad | ldress) | | | |
| (Cit | ty/State/Zip/Phon | e #) | | |
| PICK-UP | ☐ WAIT | MAIL | | |
| (Bu | isiness Entity Nar | me) | | |
| (Document Number) | | | | |
| Certified Copies | _ Certificates | s of Status | | |
| Special Instructions to | Filing Officer: | | | |
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Office Use Only



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SHOW TO SHOW THE SHOW

16 OCT IL AMILIA

K. SALY OCT 17 2016 CORPORATION SERVICE COMPANY 1201 Hays Street Tallhassee, FL 32301

Tallhassee, FL 32303 Phone: 850-558-1500

| ACCOUNT NO. | : 12000000195 | | | | | |
|--|------------------|--|--|--|--|--|
| REFERENCE | : 330435 7280756 | | | | | |
| AUTHORIZATION | : Land | | | | | |
| COST LIMIT | : \$ 125.00 man | | | | | |
| ORDER DATE : October 14, 2016 | | | | | | |
| ORDER TIME : 10:09 AM | | | | | | |
| ORDER NO. : 330435-010 | | | | | | |
| CUSTOMER NO: 7280756 | | | | | | |
| | | | | | | |
| FOREIGN FILINGS | | | | | | |
| NAME: REGRUB BARDMOOR LLC | | | | | | |
| XXXX QUALIFICATION (TYPE: <u>LL</u>) | | | | | | |
| PLEASE RETURN THE FOLLOWING AS | PROOF OF FILING: | | | | | |
| CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STA | ANDING | | | | | |

EXAMINER:

CONTACT PERSON: Melissa Zender -- EXT# 62956

COVER LETTER

TO: Registration Section

| Div | ision of Corporation | S | | | | | |
|-------------------|---|---|--------------------------------------|---|--|--|--|
| SUBJECT: | REGRUB BARDMO | OOR LLC | | | | | |
| | | Name of Limited Liability Company | | | | | |
| | | | | to Transact Business in Florida," iability company to transact busine | | | |
| Please return | all correspondence c | oncerning this matter to the f | ollowing: | | | | |
| | Susanne Sulliva | ın | | | | | |
| | | Na | me of Person | | | | |
| | c/o Seyfarth Sh | aw | | | | | |
| | | Fir | m/Company | | | | |
| | Two Scaport Lanc, Suite 300 | | | | | | |
| | Address | | | | | | |
| | Boston, MA 02 | 210 | | | | | |
| | | City/Sta | ate and Zip Code | | | | |
| | ssullivan@scyfar | th.com | | | | | |
| | | E-mail address: (to be used | for future annual repo | ort notification) | | | |
| For further is | nformation concerning | g this matter, please call: | | | | | |
| Sus | sanne Sullivan | | 617 9 | 946-8303 | | | |
| | Name o | f Contact Person | Area Code | Daytime Telephone Number | | | |
| Div Reg P.C | MLING ADDRESS: rision of Corporations gistration Section D. Box 6327 lahassec, FL 32314 | | Div Rej Cli 260 | rect ADDRESS: vision of Corporations gistration Section ifton Building 61 Executive Center Circle llahassee, FL 32301 | | | |
| | a check for the follow \$125.00 Filing Fee | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing For Certified Copy | ee & \$\Bigcup \$160.00 Filing Fee, Ce of Status & Certified Cop | | | |

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:

| , REGRUB BARDMOO | RIIC | | |
|---|---|--|--|
| ľ | ign Limited Liability Company; must include "Limited L | iability Company," "L.L.C.," o | r "LLC.") |
| (If name unavailable, enter al Liability Company," "L.L.C." | ternate name adopted for the purpose of transacting busin | ess in Florida. The alternate na | me must include "Limited |
| Delaware | , <u> </u> | | |
| (Jurisdiction under the law company is organized) | of which foreign limited liability | (FEI number, if applicable |) |
| l | | | |
| | (Date first transacted business in Florida, if prior (See sections 605.0904 & 605.0905, F.S. to determine | to registration.) ne penalty liability) | |
| c/o Cross Country Gro | up, 1 Cabot Road, Medford, MA 02155 | | - 22 |
| | | | 2016 OCT 14 AM 9: 16 |
| | (Street Address of Principal Office) | | |
| c/o Cross Country Grou | p, 1 Cabot Road, Medford, MA 02155 | | 京京 二 「 |
| '4 | | | |
| | (Mailing Address) | | |
| | , • | | 92 |
| . Name and street addres | s of Florida registered agent: (P.O. Box NOT acce | ptable) | 5F o |
| Name: | Corporation Service Company | | |
| Office Address: | 1201 Hays Street | | |
| | Tallahassec | — 32301 | |
| | (City) | , Florida 32301 (Zip code) | - |
| lesignated in this applicate complywith the provision | gistered agent and to accept service of process for a tion, I hereby accept the appointment as registered ons of all statutes relative to the proper and comple my position as registered agent. | agent and agree to act in the defension of the performance of my dutients. | his capacity. I further agre es, and I am familiar with a Melissa Zender |
| | (Registered agent's signature | As | st. Vice President |
| 8. The name, title or capa Thomas O. Jones, Preside | ncity and address of the person(s) who has/have auth | ority to manage is/are: | |
| c/o Cross Country Group, | 1 Cabot Road, Medford, MA 02155 | | |
| urisdiction under the law of the translator must be su This document is executed | of existence, no more than 90 days old, duly authent of which it is organized. (If the certificate is in a foreabmitted) Signature of an authorized personal in accordance with section 605.0203 (1) (b), Florida the Department of State constitutes a third degree for | eign language, a translation of the second s | of the certificate under oath |
| a document to | Thomas O. Jones | | |
| | Typed or printed name of signer | : | |

Delaware The First State

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

DELAWARE, DO HEREBY CERTIFY "REGRUB BARDMOOR 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 BARDMOOR 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.





6181485 8300 SR# 20166202350

Authentication: 203159789

Date: 10-14-16