

MI7000007464

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

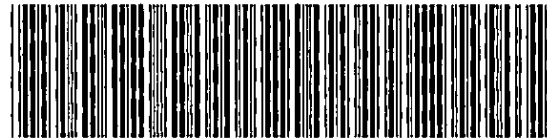
(Document Number)

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FILED  
2017 AUG 29 PM 2:22  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301

K. SALY

AUG 30 2017

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** TLC Travel Staff 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:

Steve Ludders

\_\_\_\_\_  
Name of Person

TLC TravelStaff LLC

\_\_\_\_\_  
Firm/Company

2143 Park Crescent Dr.

\_\_\_\_\_  
Address

Land O Lakes, FL 34639

\_\_\_\_\_  
City/State and Zip Code

Steve@TLCTravelStaff.com

\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Steve Ludders

813  
at ( )

591-2156

\_\_\_\_\_  
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 TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. TLC Travel Staff LLC  
(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "L.L.C.," or "LLC")

TLC Medical Staffing

(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. Wyoming 3. 81-4772024  
(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. 2143 Park Crescent Dr.  
(Street Address of Principal Office)

6. 2143 Park Crescent Dr.  
(Mailing Address)

Land O Lakes, FL 34639

Land O Lakes, FL 34639

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Steve Ludders

Office Address: 2143 Park Crescent Dr.

Land O Lakes, Florida 34639  
(City) (Zip code)

**Registered agent's acceptance:**

*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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.*

[Signature]  
(Registered agent's signature)

8. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Title or Capacity: Name and Address: Title or Capacity: Name and Address:

President

Steve Ludders

2143 Park Crescent Dr.

Land O Lakes, FL 34639

(Use attachments if necessary)

9. Attached is a 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. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

[Signature]  
Signature of an authorized person

Steve Ludders

Typed or printed name of signer

**STATE OF WYOMING**  
**Office of the Secretary of State**

I, ED MURRAY, SECRETARY OF STATE of the STATE OF WYOMING, do hereby certify that according to the records of this office,

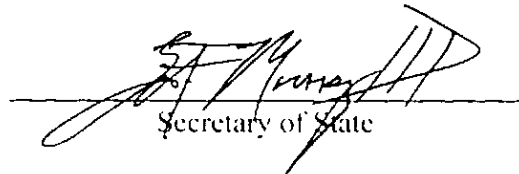
**TLC Travel Staff LLC**  
is a  
**Limited Liability Company**

formed or qualified under the laws of Wyoming did on **October 24, 2016**, comply with all applicable requirements of this office. Its period of duration is Perpetual. This entity has been assigned entity identification number **2016-000730396**.

This entity is in existence and in good standing in this office and has filed all annual reports and paid all annual license taxes to date, or is not yet required to file such annual reports; and has not filed Articles of Dissolution.

I have affixed hereto the Great Seal of the State of Wyoming and duly generated, executed, authenticated, issued, delivered and communicated this official certificate at Cheyenne, Wyoming on this 9th day of August, 2017 at 1:00 PM. This certificate is assigned 023828225.



  
Secretary of State

FILED  
2017 AUG 29 PM 2:22  
TLC TRAVEL STAFF LLC  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 16, 2017

STEVE LUDDERS  
TLC TRAVEL STAFF LLC  
2143 PARK CRESCENT DR.  
LAND O'LAKES, FL 34639 US

SUBJECT: TLC TRAVEL STAFF LLC  
Ref. Number: W17000067341

We have received your document for TLC TRAVEL STAFF LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Karen A Saly  
Regulatory Specialist II

Letter Number: 717A00016798

RECEIVED  
2017 AUG 29 AM 11:12  
TALLAHASSEE, FLORIDA



Karen A Saly  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Subject: TLC Travel Staff LLC  
Ref. Number: W17000067341

Dear Ms. Saly:

Please find enclosed our application for authorization to transact business in Florida that you returned to us due to our failure to have the registered agent sign the application accepting the designation as registered agent. On the enclosed application, the registered agent has signed the acceptance of designation.

Please let me know if you have any further questions or deficiencies on the application. If not please expedite the filing of our application so we can move forward with our plans in Florida.

Best Regards,

Steve Ludders  
President  
TLC Travel Staff LLC  
2143 Park Crescent Dr,  
Land O Lakes, FL 34639  
P (813) 591-2156  
Email: [Steve@TravelStaff.com](mailto:Steve@TravelStaff.com)  
[www.TLCTravelStaff.com](http://www.TLCTravelStaff.com)