

9/27/2017

Division of Corporations

Florida Department of State  
Division of Corporations  
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**Foreign Limited Liability Company  
STAFFING OPTIONS & SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
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DIVISION OF CORPORATIONS

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Q. SIMMONS

SEP 28 2017

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: STAFFING OPTIONS & SOLUTIONS, 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:

ADRIENNE ADAMS

Name of Person

PEDIATRIC THERAPY SERVICES, LLC

Firm/Company

2586 TRAILRIDGE DRIVE EAST, SUITE 100

Address

LAFAYETTE, CO 80026

City/State and Zip Code

adrienne@thesteppingstonesgroup.com

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

For further information concerning this matter, please call:

ADRIENNE ADAMS

Name of Contact Person

at ( 303 )

Area Code

302-7745

Daytime Telephone Number

MAILING ADDRESS:

Division of Corporations  
Registration Section  
P.O. Box 5327  
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:

- |  |   |  |   |
|--|---|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input checked="" type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy .. | <input type="checkbox"/> \$160.00 Filing Fee, Certificate<br>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:*

**1. STAFFING OPTIONS & SOLUTIONS, LLC**

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLC.")

(If name varies from, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

**2. STATE OF INDIANA**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. F07009004224**

(FEF number, if applicable)

**4. 5/24/2017**

(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

**5. 2586 TRAILRIDGE DRIVE EAST**

(Street Address of Principal Office)

SUITE 100

LAFAYETTE, CO 80026

**6. 2586 TRAILRIDGE DRIVE EAST**

(Mailing Address)

SUITE 100

LAFAYETTE, CO 80026

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

Name: **CT CORPORATION SYSTEM**

Office Address: **1200 SOUTH PINE ISLAND ROAD**

**PLANTATION**

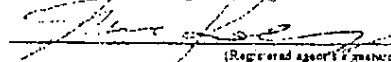
(City)

**Florida 33324**

(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.*

 **Ternelle Kearney Asst. Secretary**  
(Registered agent's signature)

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

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<b>Member</b>	<b>Podiatric Therapy Services, LLC</b> 2586 TRAILRIDGE DRIVE EAST, SUITE 100 LAFAYETTE, CO 80026		

(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)

  
Signature of an authorized person

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.

**ADRIENNE ADAMS Authorized Person**

Typed or printed name of signer

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DIVISION OF CORPORATIONS

**State of Indiana  
Office of the Secretary of State**

**CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greeting:

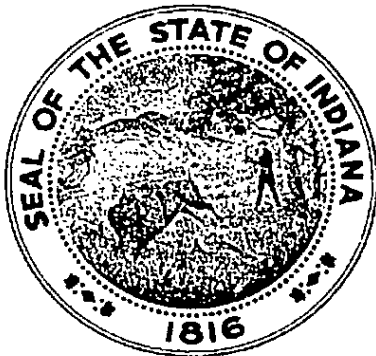
I, CONNIE LAWSON, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

**STAFFING OPTIONS & SOLUTIONS, LLC**

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on October 24, 1994, and was in existence or authorized to transact business in the State of Indiana on August 22, 2017.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, August 22, 2017

*Connie Lawson*

CONNIE LAWSON  
SECRETARY OF STATE

1994101134 / 2017387073

Verify this certificate: <https://bsd.sos.in.gov/ValidateCertificate>