# M18000010H17

|                      | (Requestor's Name)                   |        |  |  |  |
|----------------------|--------------------------------------|--------|--|--|--|
|                      | (Address)                            |        |  |  |  |
|                      | (Address)                            |        |  |  |  |
|                      | (City/State/Zip/Phone #)             |        |  |  |  |
| PICK-U               | P WAIT                               | MAIL   |  |  |  |
|                      | (Business Entity Name)               |        |  |  |  |
| (Document Number)    |                                      |        |  |  |  |
| Certified Copies     | Certificates of                      | Status |  |  |  |
| Special Instructions | s to Filing Officer:                 |        |  |  |  |
|                      |                                      |        |  |  |  |
|                      |                                      |        |  |  |  |
|                      |                                      | ·      |  |  |  |
| <u></u>              | (Document Number)  Certificates of S | Status |  |  |  |

Office Use Only



600320325126

11/85/18--01018--014 \*\*125.00

SECNÉRSSE : RECNÉRS SECNÉRS SECNÉRS SECUÉRS SECUÉRS SECUERTARIA

NOV 2 6 2019

TSCHROEDER

#### COVER LETTER

| ₹O:                  | Registration Section<br>Division of Corporation                                                                | · ons                                                         | ı de la de l |                                                | • • •                                                                    |                                  |
|----------------------|----------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------|--------------------------------------------------------------------------|----------------------------------|
| .;<br>SUBJE          | JNP Staffing Assoc                                                                                             | ciates, LLC                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          | P                                |
| ,                    |                                                                                                                | Name of                                                       | Limited Liability                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | Company                                        | <del>-</del>                                                             |                                  |
| The enc<br>Existence | losed "Application by Fore, and check are submitt                                                              | oreign Limited Liability Con<br>ed to register the above refe | npany for Authoriz<br>renced foreign lim                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | ation to Ti<br>ited liabili                    | ransact Business in Florida," (<br>ty company to transact busine         | Certificate of<br>ess in Florida |
|                      |                                                                                                                | concerning this matter to the                                 |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      | Tiphanie McA                                                                                                   | fee                                                           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      | <del></del>                                                                                                    | 1                                                             | lame of Person                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                | <del></del>                                                              |                                  |
|                      | JNP Staffing A                                                                                                 | Associates, LLC                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      |                                                                                                                | ŀ                                                             | irm/Company                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                |                                                                          |                                  |
|                      | 2655 Northwir                                                                                                  | nds Parkway                                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      |                                                                                                                |                                                               | Address                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                |                                                                          |                                  |
|                      | Alpharetta, GA                                                                                                 | 30009                                                         |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      |                                                                                                                | City/S                                                        | State and Zip Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                |                                                                          |                                  |
|                      | tmcafee@jackso                                                                                                 | nhealthcare.com                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      |                                                                                                                | E-mail address: (to be use                                    | d for future annua                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | l report no                                    | tification)                                                              |                                  |
| or Jurth             | er information concerning                                                                                      | g this matter, please call:                                   |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                                |                                                                          |                                  |
|                      | Tiphanie McAfee                                                                                                |                                                               | 678<br>at (                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | 992-12                                         | .69                                                                      |                                  |
|                      | Name o                                                                                                         | of Contact Person                                             | Area Code                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | _/Day                                          | rtime Telephone Number                                                   |                                  |
|                      | MAJLING ADDRESS:<br>Division of Corporations<br>Registration Section<br>P.O. Box 6327<br>Tallahassee, FL 32314 |                                                               |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                | Division<br>Registrat<br>Clifton B<br>2661 Exe | of Corporations ion Section iuilding centive Center Circle iee, FL 32301 |                                  |
| Enclosed             | is a check for the follow ■ \$125.00 Filing Fee                                                                | ing amount: ☐ \$130.00 Filing Fee & Certificate of Status     | □ \$155.00 Filin<br>Certified Copy                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             | ng Fee &                                       | ☐ \$160.00 Filing Fee, Cert 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:

| (If name unavailable, enter alternate                                                                                                    | n Limited Liability Company; must include "Limi                                                             | Florida. The alternate name must include "Limited Liability Company."                                                                                                                                                 | " 1 C" or "11 C")                            |
|------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------|
|                                                                                                                                          | name adopted to the purpose of dansacting business in r                                                     | 93 2127266                                                                                                                                                                                                            | Talke, of facts, )                           |
| 2. Georgia (Jurisdiction under the law of                                                                                                | which foreign limited hability company is organized)                                                        | 3. 83-2137266 (FEI number, if applicable)                                                                                                                                                                             | <del></del>                                  |
| •                                                                                                                                        |                                                                                                             |                                                                                                                                                                                                                       |                                              |
| 4                                                                                                                                        |                                                                                                             |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          | (Date first transacted business in Florida, if prior t<br>(See sections 605.0904 & 605.0905, F.S. to deter- | to registration.) mine penalty liability)                                                                                                                                                                             |                                              |
| 5. 2655 Northwinds Par                                                                                                                   |                                                                                                             | 6. 2655 Northwinds Parkway                                                                                                                                                                                            |                                              |
| (Street Address of Principal Office)                                                                                                     |                                                                                                             | (Mailing Address)                                                                                                                                                                                                     | <del></del>                                  |
| Alpharetta, GA 3000                                                                                                                      | ,                                                                                                           | Alpharetta, GA 30009                                                                                                                                                                                                  |                                              |
| 7. Name and street address Name:                                                                                                         | ess of Florida registered agent: (P.O. Bo<br>Corporation Service Company                                    | ox NOT acceptable)                                                                                                                                                                                                    | 18 NOV                                       |
| Office Address:                                                                                                                          | 1201 Hays Street                                                                                            |                                                                                                                                                                                                                       | S. C.                                        |
|                                                                                                                                          | Tallahassec                                                                                                 | , Florida 32301 -,                                                                                                                                                                                                    | ात हू                                        |
|                                                                                                                                          | (City)                                                                                                      | (Zip code)                                                                                                                                                                                                            |                                              |
| , v                                                                                                                                      | (Registered agent)  pacity and address of the person(s) who have and Address:                               | has/have authority to manage is/are:                                                                                                                                                                                  | nd Address:                                  |
|                                                                                                                                          | <del> </del>                                                                                                | Title or Capacity.                                                                                                                                                                                                    | d Address.                                   |
| CEO                                                                                                                                      | Richard L. Jack <b>Ggn</b> 2655 Northwinds                                                                  |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          | Alpharetta, GA 30001                                                                                        | <del>-</del>                                                                                                                                                                                                          | <u>.                                    </u> |
|                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                       |                                              |
|                                                                                                                                          |                                                                                                             |                                                                                                                                                                                                                       |                                              |
| (Use attachments if nece                                                                                                                 | ssary)                                                                                                      |                                                                                                                                                                                                                       |                                              |
| 9. Attached is a certificate jurisdiction under the law of the translator must be s                                                      | e of existence, no more than 90 days old, of which it is organized. (If the certifical submitted)           | , duly authenticated by the official having custodate is in a foreign language, a translation of the ce<br>03 (1) (b), Florida Statutes. I am aware that any fa<br>hird degree felony as provided for in s.817.155, F | rtificate under oath                         |
| <ol> <li>Attached is a certificate jurisdiction under the law of the translator must be s</li> <li>This document is exercise.</li> </ol> | e of existence, no more than 90 days old, of which it is organized. (If the certifica submitted)            | ate is in a foreign language, a translation of the ce                                                                                                                                                                 | rtificate under oath                         |

Typed or printed name of signee

Control Number: 18119402

## STATE OF GEORGIA

### Secretary of State

Corporations Division 313 West Tower 2 Martin Luther King, Jr. Dr. Atlanta, Georgia 30334-1530

#### CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, the Secretary of State of the State of Georgia, do hereby certify under the seal of my office that

JNP Staffing Associates, LLC a Domestic Limited Liability Company

was formed in the jurisdiction stated below or was authorized to transact business in Georgia on the below date. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.

Docket Number : 16270600 Date Inc/Auth/Filed: 10/03/2018 Jurisdiction : Georgia Print Date : 10/30/2018

Form Number : 211



B: Ph