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K. SALY MAR 20 2019 CORPORATION SERVICE COMPANY 1201 Hays Street

Tallhassee, FL 32301 Phone: 850-558-1500

ACCOUNT	NO.	:	I2000000019	5
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REFERENCE : 686304 8267269

AUTHORIZATION

COST LIMIT : (\$ 125.00

ORDER DATE: March 15, 2019

ORDER TIME : 1:16 PM

ORDER NO. : 686304-010

CUSTOMER NO: 8267269

FOREIGN FILINGS

NAME: ACTION HEALTHCARE STAFFING LLC

XXXX QUALIFICATION (TYPE: LL)

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY

XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Roxanne Turner -- EXT# 62969

EXAMINER: _____

COVER LETTER

TO:

	Registration Section Division of Corporations						
JBJEC'	T: ACTION HEALTHCARE STAFFING	LLC					
Name of Limited Liability Company							
			ation to Transact Business in Florida," Certificate ited liability company to transact business in Flori				
ease ret	urn all correspondence concerning this matte	r to the following:					
	· · · · · · · · · · · · · · · · · · ·	Name of Person					
		Firm/Company					
		run/Company					
		Address					
		City/State and Zip Code	<u> </u>				
	E-mail address: (to	be used for future annua	l report notification)				
r furthe	r information concerning this matter, please of	call:					
_		at (_) Daytime Telephone Number				
	Name of Contact Person	at (Area Code	Daytime Telephone Number				
Ľ	HAILING ADDRESS: Division of Corporations Registration Section		STREET ADDRESS: Division of Corporations Registration Section				
	P.O. Box 6327 fallahassee, FL 32314		Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301				
P	inclosed is a check for the following amount: lease make check payable to: FLORIDA DE	EPARTMENT OF STA	TE				
ί	S125.00 Filing Fee S130.00 Filing Certificate	=	Filing Fee & S160.00 Filing Fee, Certific ed Copy of Status & Certified Copy				

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

IN COMPLIANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

(Name of Foreign	Limited Liability Company; must include "Limi	ted Liability Company,	," "L.L.C.," or "LLC.")	
		•		
f name unavailable, enter alternate n	name adopted for the purpose of transacting business in F	lorida. The alternate name	must include "Limited Liability C	Company," "L.L.C," or "LLC,")
Washington		3.		
(Jurisdiction under the law of w	hich foreign limited liability company is organized)	~· <u></u>	(FEI number, if a	pplicable)
	(Date first transacted business in Florida, if prior t (See sections 605,0904 & 605,0905, F.S. to deter	to registration.) mine penalty liability)		_
1498 SE Tech Center PI, Suite 210 (Street Address of Principal Office)		6. 1498 S	E Tech Center PI, St	uite 210
		o <u></u>	<u> </u>	
Vancouver, WA 98683		Vancou	ver, WA 98683	
				9 HAR
				- R - R - P - P - P - P - P - P - P - P
Name and street address	ss of Florida registered agent: (P.O. Bo	x <u>NOT</u> acceptable	e)	SSEE.
Name:	Corporation Service Company			Ser 3
	1201 Hays Street			
Office Address:				
	Tallahassee	t	32301 Torida	
	(City)	, , r	(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.

Corporation Service Company
By:

(Registered agent's signature)

Roxanne Turner
Asst. Vice President



8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons-author manage [up to six (6) total]: Title or Capacity: Name and Address: Title or Capacity: Name and Address: Allan Njoroge Manager Manager | Name: _____ Address: 1498 SE Tech Center PI, Suite 210 **X** Member ☐ Member Address: Vancouver, WA 98683 Authorized Authorized Person Person Other Other____ Other_ ____ Other____ Manager Name: Manager Name: _____ Member Address: ____ ☐ Member Authorized Authorized Person Person Other_ Other____ Other Other Manager Name: ______ Manager Member Address: Member Address: _____ Authorized Authorized Person Person Other___ Other Other____ Other___ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed individuals may be added to the index when filing your Florida Department of State Annual Report form. 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 of an authorized person

Allan Njoroge
Typed or printed name of signee



The State of Was

Washington

Secretary of State

I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

ACTION HEALTHCARE STAFFING LLC

I CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 05/02/2017.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest, and penalties owed and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Issued Date: 03/19/2019 UBI Number: 604 119 391

STATE OF WASHING

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State

tin Ulma

Date Issued: 03/19/2019