

Division of Corporations

Florida Department of State

Division of Corporations

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To:

Division of Corporations
Fax Number : (850)617-6383

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Account Name : C T CORPORATION SYSTEM
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Phone : (614)280-3338
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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**Foreign Limited Liability Company
Barton Healthcare Staffing, LLC**

Certificate of Status	0
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Estimated Charge	\$155.00

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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. Barton Healthcare Staffing, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

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

2. Delaware 3. 83-1043084
(Jurisdiction under the law of which foreign limited liability company is organized) (FBI number, if applicable)

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

5. 300 Jubilee Drive 6. 300 Jubilee Drive
(Street Address of Principal Office) (Mailing Address)
Peabody, MA 01960 Peabody, MA 01960

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

Name: NRAI Services, Inc.
Office Address: 1200 South Pine Island Road
Plantation 33324
(City) (Zip code)
Florida

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.

By: NRAI Services, Inc.
Karen Fugelsang
(Registered agent's signature)

FILED
2019 APR 12 AM 10:21
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

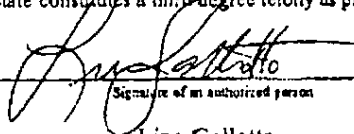
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
☐ Manager	Name: <u>Thomas F. Ryan 2008 Revocable Trust</u>	☐ Manager	Name: <u>Barton & Associates, Inc</u>
☒ Member	Address: <u>501 Village Blvd, Suite 2</u>	☒ Member	Address: <u>300 Jubilee Drive, Floor 2</u>
☐ Authorized	<u>West Palm Beach, FL 33458</u>	☐ Authorized	<u>Peabody, MA 01960</u>
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
 ☐ Manager	 Name: <u>Lina Gallotto</u>	 ☐ Manager	 Name: <u>Robert Indresano</u>
☐ Member	Address: <u>300 Jubilee Drive, Floor 1</u>	☐ Member	Address: <u>300 Jubilee Drive, Floor 2</u>
☒ Authorized	<u>Peabody, MA 01960</u>	☒ Authorized	<u>Peabody, MA 01960</u>
Person	_____	Person	_____
☐ Other	☐ Other	☐ Other	☐ Other
 ☒ Manager	 Name: <u>Thomas F. Ryan</u>	 ☐ Manager	 Name: _____
☐ Member	Address: <u>501 Village Blvd, Suite 2</u>	☐ Member	Address: _____
☐ Authorized	<u>West Palm Beach, FL 33458</u>	☐ 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. Non-indexed 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 625.0203 (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

Lina Gallotto

Typed or printed name of signer

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FLORIDA
JANASHEE LORIDA

Delaware

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF
DELAWARE, DO HEREBY CERTIFY "BARTON HEALTHCARE STAFFING, 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 ELEVENTH DAY OF APRIL, A.D. 2019.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN
ASSESSED TO DATE.



6933882 8300

SR# 20192749535

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed.

Jeffrey W. Bullock, Secretary of State

Authentication: 202623150

Date: 04-11-19