

M19000004124

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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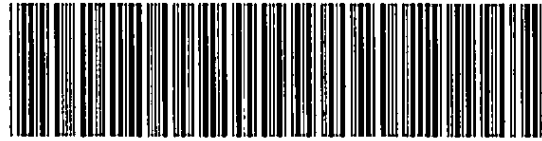
(Business Entity Name)

(Document Number)

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2019 APR 18 PM 5:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T.G.
04/24/19

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Catapult Healthcare Staffing, 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:

Alex Anderson

Name of Person

Catapult Healthcare Staffing, LLC

Firm/Company

1820 Preston Park Blvd., Ste. 1600

Address

Plano, TX, 75093

City/State and Zip Code

accounting@catapultstaffing.com

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

For further information concerning this matter, please call:

Alex Anderson

at (214)

306-9159

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:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☐ \$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

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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. Catapult Healthcare Staffing, LLC

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

(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. Texas

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

3. 46-3565982

(FEI number, if applicable)

4. NA

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

5. 1800 Preston Park Blvd.

(Street Address of Principal Office)

Suite 235

Plano, TX 75093

6. 1820 Preston Park Blvd.

(Mailing Address)

Suite 1600

Plano, TX 75093

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

Name: Matthew Moore

Office Address: 1145 Townpark Ave, Suite 2201

Lake Mary, Florida 32746
(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.


(Registered agent's signature)

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]:

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

☐ Manager Name: Sara Lindley

☐ Member Address: 1820 Preston Park Blvd.

☒ Authorized Suite 1600

Person Plano, TX 75093

☐ Other ☐ Other

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

☐ Manager Name: Alex Anderson

☐ Member Address: 1820 Preston Park Blvd.

☒ Authorized Suite 1600

Person Plano, TX 75093

☐ Other ☐ Other

☐ Manager Name: Brian Gokey

☐ Member Address: 1800 Preston Park Blvd.

☒ Authorized Suite 235

Person Plano, TX 75093

☐ Other ☐ Other

☒ Manager Name: Patrick Burke

☒ Member Address: 1820 Preston Park Blvd.

☐ Authorized Suite 1600

Person Plano, TX 75093

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other ☐ Other

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

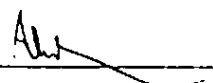
☐ Other ☐ Other

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OFFICE OF THE SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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 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

Alex Anderson

Typed or printed name of signee



Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Catapult Healthcare Staffing, LLC (file number 801839868), a Domestic Limited Liability Company (LLC), was filed in this office on August 27, 2013.

It is further certified that the entity status in Texas is in existence.

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SECRETARY OF STATE
DAVID WHITLEY

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on February 19, 2019.



A handwritten signature in black ink, appearing to read "David Whitley".

David Whitley
Secretary of State