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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : M. BURR KEIM COMPANY
Account Number : I19990000242
Phone : (215)563-8113
Fax Number : (215)977-9386

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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Foreign Limited Liability Company
EVENT MEDICAL STAFFING SOLUTIONS, LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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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 EVENT MEDICAL STAFFING SOLUTIONS, L.L.C.
(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 Pennsylvania (Jurisdiction under the law of which foreign limited liability company is organized)
3 (FT) 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 4 Hook Road (Street Address of Principal Office)
6 4 Hook Road (Mailing Address)

Sharon Hill, PA 19079

Sharon Hill, PA 19079

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

Name W Bradley Munroe, Esquire

Office Address 239 East Virginia Street

Tallahassee Florida 32301
(City) (Zip code)

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2020 SEP 10 PM 3:07
REGISTRY OF CORPORATIONS

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.

W. Bradley Munroe
(Registered agent's signature)

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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 John Rousis

Member Address: 4 Hook Road

Authorized Sharon Hill, PA 19079

Person _____

Other _____ Other _____

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

Manager Name Adam Scull

Member Address 4 Hook Road

Authorized Sharon Hill, PA 19079

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name _____

Member Address _____

Authorized _____


Person _____

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 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

John Rousis, Member

 Typed or printed name of signor

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COMMONWEALTH OF PENNSYLVANIA
DEPARTMENT OF STATE
09/10/2020

TO ALL WHOM THESE PRESENTS SHALL COME, GREETING

I DO HEREBY CERTIFY THAT,

EVENT MEDICAL STAFFING SOLUTIONS, LLC

is duly registered as a Pennsylvania Limited Liability Company under the laws of the Commonwealth of Pennsylvania and remains subsisting so far as the records of this office show, as of the date herein

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the Seal of the Secretary's Office to be affixed, the day and year above written

Katly Bookman

Secretary of the Commonwealth

Certification Number TSC200910151938-1

Verify this certificate online at <http://www.corporations.pa.gov/orders/verify>

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