

M 210000004118

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

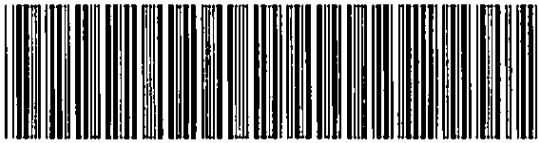
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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MICHIGAN SECRETARY OF STATE

YS  
4/10/21



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

March 18, 2021

LAURA RAASTAD  
11506 NICHOLAS STREET  
#105  
OMAHA, NE 68154

SUBJECT: MARVEL MEDICAL STAFFING, LLC  
Ref. Number: W21000036077

We have received your document for MARVEL MEDICAL STAFFING, LLC and your check(s) totaling \$1008.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

We are enclosing the proper form(s) with instructions for your convenience.

PLEASE SEND A LETTER BACK REQUESTING REFUND FOR THE LLP FILING AND SEND NEW CHECK FOR LLC FILING,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 521A00005748

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APR 05 2021

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Marvel Medical Staffing  
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:

LAURA RAASTAD  
Name of Person

Marvel Medical Staffing  
Firm/Company

11506 Nicholas St. # 105  
Address

Omaha, NE 68154  
City/State and Zip Code

LAURARRAASAD@marvelmedstaff.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

LAURA RAASTAD at (323) 977-4483  
Name of Contact Person Area Code Daytime Telephone Number

Mailing Address:  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

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

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. Marvel Medical 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. Iowa  
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 84-3268585  
(FEI number, if applicable)

4. 1-18-2021  
(Date first transacted business in Florida, if prior to registration)  
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability.)

5. 11506 Nicholas St #105  
(Street Address of Principal Office)  
Omaha, NE  
68154

6. 11506 Nicholas St. #105  
(Mailing Address)  
Omaha, NE  
68154

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

Name: InCorp Services Inc.  
Office Address: 17888 67th Court North  
Loxahatchee, Florida 33470  
(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.

[Signature]  
(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: Thomas Kelly Klein

Member Address: 11506 Nicholas St #105

Authorized Omaha, NE 68154

Person \_\_\_\_\_

Other COO  Other \_\_\_\_\_

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

Manager Name: Candace Claw

Member Address: 11506 Nicholas St. #105

Authorized Omaha, NE 68154

Person \_\_\_\_\_

Other CEO  Other \_\_\_\_\_

Manager Name: Stephanie Childers (Jessie)

Member Address: 11506 Nicholas St. #105

Authorized Omaha, NE 68154

Person \_\_\_\_\_

Other CEO  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_

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Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

Person \_\_\_\_\_

Other \_\_\_\_\_  Other \_\_\_\_\_

Manager Name: \_\_\_\_\_

Member Address: \_\_\_\_\_

Authorized \_\_\_\_\_

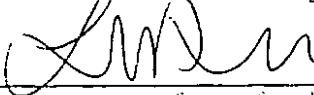
Person \_\_\_\_\_

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

Laura Raastian  
 \_\_\_\_\_  
 Typed or printed name of signer

3/29/2021

Certificate of Standing

**IOWA SECRETARY OF STATE  
PAUL D. PATE**



**CERTIFICATE OF EXISTENCE**

Issue Date: 3/29/2021

Name: MARVEL MEDICAL STAFFING LLC (489DLC - 615894)

Date of Incorporation: 10/4/2019

Duration: PERPETUAL

I, Paul D. Pate, Secretary of State of the State of Iowa, custodian of the records of incorporations, certify the following for the limited liability company named on this certificate:

- a. The entity is in existence and duly incorporated under the laws of Iowa.
- b. All fees, taxes and penalties required under the Revised Uniform Limited Liability Company Act and other laws due the Secretary of State have been paid.
- c. The most recent biennial report required has been filed with the Secretary of State.
- d. The Secretary of State has not administratively dissolved the limited liability company.
- e. The Secretary of State has not filed either a statement of dissolution or statement of termination.

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Certificate ID: CS217298  
 To validate certificates visit:  
[sos.iowa.gov/ValidateCertificate](http://sos.iowa.gov/ValidateCertificate)

*Paul D. Pate*  
 Paul D. Pate, Iowa Secretary of State