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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 : GERALD WEINBERG, P.C.  
 Account Number : I20030000043  
 Phone : (800)342-9856  
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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.\*\*

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**Foreign Limited Liability Company  
 TOWNE HEALTHCARE STAFFING LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILED  
 2021 AUG -4 PM 2:39  
 SECRETARY OF STATE  
 TALLAHASSEE, FL  
 1/1

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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. TOWNE HEALTHCARE STAFFING LLC  
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," 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," "LLC," or "LLC.")

2. NEW JERSEY 3. 82-0647510  
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI 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. 5140 HIGHWAY 9 6. 5140 HIGHWAY 9  
(Street Address of Principal Office) (Mailing Address)  
HOWELL, NJ 07731 HOWELL, NJ 07731

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

Name: INCORPORATING SERVICES, LTD.  
Office Address: 1540 GLENWAY DRIVE  
TALLAHASSEE, Florida 32301  
(City) (Zip code)

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TALLAHASSEE, FL

**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.*

15/ Melissa A. Moreau - Assistant Secretary  
(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):

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: DAVID GREISMAN	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 5140 HIGHWAY 9	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	HOWELL, NJ 07731	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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.

David Greisman

Signature of an authorized person

DAVID GREISMAN

Typed or printed name of signer

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Aug. 4. 2021 8:11AM

(GEALD WEINBERG 294680 3)

No. 6733 P. 4

STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
SHORT FORM STANDING

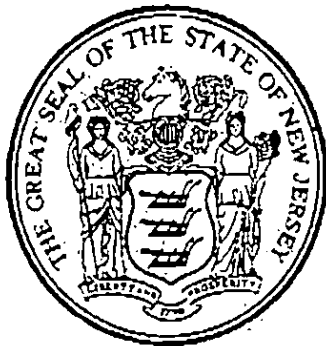
TOWNE HEALTHCARE STAFFING LLC  
0450146829

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Limited Liability Company was registered by this office on March 01, 2017.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

TOWNE HEALTHCARE STAFFING LLC  
5140 US HIGHWAY 9  
HOWELL, NJ 07731



*IN TESTIMONY WHEREOF, I have hereunto set my hand and affixed my Official Seal at Trenton, this 17th day of June, 2021.*

*Elizabeth Maher Muoio*

Elizabeth Maher Muoio  
State Treasurer

Certificate Number : 6120190384

Verify this certificate online at

[https://www1.state.nj.us/TYTR\\_StandingCerUJSP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTR_StandingCerUJSP/Verify_Cert.jsp)

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