

3/15/22, 8:08 AM

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

M22000003926

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To:

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

From:

Account Name : INCORP SERVICES INC
Account Number : I20120000007
Phone : (702)866-2500
Fax Number : (702)900-2290

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

Email Address: managedreports@incorp.com

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2022 MAR 15 PM 4:20

FILED

**Foreign Limited Liability Company
Networks Connect Healthcare Staffing, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$793.75

2022 MAR 15 PM 1:02

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Corporate Filing Menu

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COVER LETTER

TO: Registration Section
Division of Corporations

H220000965293

SUBJECT: Networks Connect 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:

Georgia Dorsam

Name of Person

InCorp Services, Inc.

Firm/Company

3773 Howard Hughes Pkwy. Suite 500S

Address

Las Vegas, NV 89169-6014

City/State and Zip Code

processing@incorp.com

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

For further information concerning this matter, please call:

Georgia Dorsam on behalf of InCorp Services, Inc. 800-246-2677

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

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H220000965293

**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. Networks Connect 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. Indiana

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

3. 84-4658045

(FBI number, if applicable)

4. 11/1/2021

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

5. 7930 Castleway Dr.

(Street Address of Principal Office)

6. 7930 Castleway Dr.

(Mailing Address)

Indianapolis, IN 46250

Indianapolis, IN 46250

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

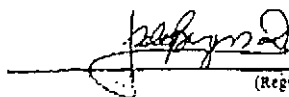
(City)

, Florida 33470

(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.



Isabel Burgos on behalf of InCorp Services, Inc.

(Registered agent's signature)

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 TALLAHASSEE, FLORIDA

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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 type="checkbox"/> Manager	Name: <u>Networks Connect Investors, LLC</u>	<input type="checkbox"/> Manager	Name: <u>Christopher Madden</u>
<input checked="" type="checkbox"/> Member	Address: <u>3925 River Crossing Pkwy</u>	<input checked="" type="checkbox"/> Member	Address: <u>7219 N Grand Ave.</u>
<input type="checkbox"/> Authorized	<u>Suite 100</u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Indianapolis, IN 46240</u>	Person	<u>Indianapolis, IN 46250</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Manager	Name: <u>Bervin McCall</u>	<input type="checkbox"/> Manager	Name: <u>Melissa Coy</u>
<input checked="" type="checkbox"/> Member	Address: <u>10504 Chestnut Hill Circle</u>	<input checked="" type="checkbox"/> Member	Address: <u>7635 Muirfield Court</u>
<input type="checkbox"/> Authorized	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u>Fishers, IN 46037</u>	Person	<u>Indianapolis, IN 46237</u>
<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	<u></u>	<input type="checkbox"/> Authorized	<u></u>
Person	<u></u>	Person	<u></u>
<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.



Chris Madden

Signature of an authorized person

H220000965293

Christopher Madden

Typed or printed name of signer

**State of Indiana
Office of the Secretary of State**

CERTIFICATE OF EXISTENCE

To Whom These Presents Come, Greeting:

H220000965293

I, HOLLI SULLIVAN, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records and the proper official to execute this certificate.

I further certify that records of this office disclose that

NETWORKS CONNECT HEALTHCARE STAFFING, LLC

duly filed the requisite documents to commence business activities under the laws of the State of Indiana on February 07, 2020, and was in existence or authorized to transact business in the State of Indiana on March 15, 2022.

I further certify this Domestic Limited Liability Company has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution, or expiration has been filed or taken place. All fees, taxes, interest, and penalties owed to Indiana by the domestic or foreign entity and collected by the Secretary of State have been paid.



In Witness Whereof, I have caused to be affixed my signature and the seal of the State of Indiana, at the City of Indianapolis, March 15, 2022

HOLLI SULLIVAN
SECRETARY OF STATE

202002071372846 / 20222487905

All certificates should be validated here: <https://bsd.sos.in.gov/ValidateCertificate>

Expires on April 14, 2022.

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