Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H22000134793 3)))



H220001347933ABC+

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone

: (307)200-2803

Fax Number

: (855)330-1010

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

Email	Address:		

Foreign Limited Liability Company Nurse Pathways Medical Solutions, LLC

0
0
04
\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

S. ROBERTS

APR 1 3 2022

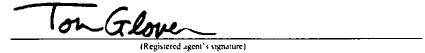
APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 6/15/0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS: IN THE STATE OF FLORIDA:

Nurse Pathy (Name of Foreign	ways Medical S	Solutions, I	Company, ""L.L.C.," or "LLC.")			
finance unavailable, enter alternate name adopted for the purpose of transaction and transaction and the law of which foreign binuted liability company is		cting business in Florida. The alternate name must include "Limited Liability Company," "L.E.C," or "LEC." 3. (FEI number, if applicable)				
·	(Date first transacted business in F (See sections 605,0904 & 605,090	londa, if prior to registration) 5, F.S. to determine penalty is	bility)	_		
1 Hollow L		6	1 Hollow Lane			
Suite 112		Suite 112				
New Hyde Par	k NY 11042	New Hyde Park NY 11042			207	
Name and street address	ss of Florida registered agent	: (P.O. Box <u>NOT</u> ac	ceptable)	LLAHA	2022 APR 13	S
Name:	Northwest Regist	ered Agent Ll	.C	or or on or,	AH	? } }
Office Address:	7901 4th St	N STE 30	0_	┌ ∶	7: 18	g. a. es
	St. Petersbu	irg _{City)}	. Florida 33702 (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.



		Name and Addr	ess:	Title or Capacity	<u>":</u>	Name and Address:
Nar	ame: E	ric Gursky		Manager	Name:	
Adc	ldress:	1 HOLLOW LANE SUI	TE 112	Member	Address:	
NE	IEW	HYDE PARK		Authorized		
$\frac{N}{N}$	lew	York 11042	2	Person		<u> </u>
		Other		Other		Other
Nar	ame:		.		Name:	
Add	idress:			Member	Address:	
	···			Authorized		
		_		Person		
. <u>.</u>		Other		Other		Other
Nar	ame:			☐ Manager	Name:	
Add	ddress:	 -		Member	Address: _	
				Authorized		<u></u>
		· · · · · · · · · · · · · · · · · · ·	- <u></u>	Person	***************************************	
		Other		Other		Other
s may tificat he law ist be	y be ado ate of e aw of w e submi	ded to the index when xistence, no more than hich it is organized. (If itted) in accordance with sec	filing your Florid 90 days old, dul the certificate is tion 605.0203 (1 onstitutes a third	da Department of Sta ly authenticated by th s in a foreign languag () (b), Florida Statute	te Annual Rep e official havi e, a translation s. I am aware t	ng custody of records in a of the certificate under that any false information
			onstitutes a third	degree fe	elony as prov	orida Statutes. I am aware t clony as provided for in s.8

Page 1



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "NURSE PATHWAYS MEDICAL SOLUTIONS, LLC"

IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN

GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF

THIS OFFICE SHOW, AS OF THE THIRTEENTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "NURSE PATHWAYS MEDICAL SOLUTIONS, LLC" WAS FORMED ON THE SEVENTEENTH DAY OF JANUARY, A.D. 2017.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.

Authentication: 203168836

Date: 04-13-22