

M22000006871

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

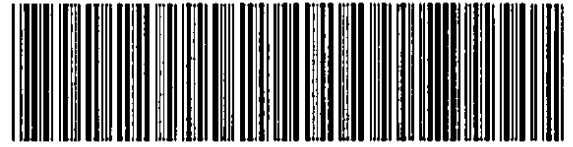
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800385016338

04/04/22--01013--021 **87.50

04/25/22--01004--024 **72.50

FILED
2022 APR 25 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

Registration Section
Division of Corporations

SUBJECT: SUNLIFE 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:

Livngton Meme

Name of Person

Sunlife Medical Staffing

Firm/Company

138 oakwell Drive

Address

Walnu/California/91789

City/State and Zip Code

livngton@sunlifemedicalstaffing.com

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

For further information concerning this matter, please call:

Livngton Meme

Name of Contact Person

786

Area Code

277-2474

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 880.02, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. SUNLIFE MEDICAL STAFFING LLC

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

If name was a table, 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. California

3. 82-4158387

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

(If it differs, it applies)

4. N/A

(Date first transacted business in Florida, if prior to registration.
(See sections 885.001(2)(a), 885.001(2)(b), 885.001(2)(c) to determine penalty liability.)

5. 138 oakwell drive

6. 138 oakwell drive

(Street Address of Principal Office)

(Mailing Address)

Walnut California 91789

Walnut California 91789

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

Name: Eddy Molin

Office Address: 5056 SW 137 Ter

Miramar 33027
(City) (Zip code)
Florida

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.

Eddy Molin
(Registered agent's signature)

2022 APR 25 PM 5:36
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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: Livingston Memo

☐ Member

Address: 138 oakwell drive

☒ Authorized

Walnut/CA/91765

Person

☒ Other PRES

☐ Other

☒ Manager

Name: Eddy Molin

☐ Member

Address: 5056 SW 137 Ter

☐ Authorized

Miramar/FL/33027

Person

☐ Other

☐ Other

☐ Manager

Name:

☐ Member

Address:

☐ Authorized

Person

☐ Other

☐ Other

Title or Capacity:

Name and Address:

☐ Manager

Name: Abiel Memo

☐ Member

Address: 19218 Tranbarger St

☒ Authorized

Rowland Heights/CA/91748

Person

☒ Other VP

☐ 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 authorized person

Livingston Memo

Typed or printed name of signer

SAVE, PRINT OR EMAIL

CK BOX FOR MOBILE REMOTE DEPOSIT
E NAME OF BILL PAYER WITH ADDRESS ON LINE ABOVE

003-4500453-4835443755
DEPOSIT ONLY 72.50
04/25/22--01004--024

IS HERE



Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, Ph.D., Secretary of State of the State of California, hereby certify:

Entity Name: SUNLIFE MEDICAL STAFFING LLC
File Number: 201802210617
Registration Date: 01/05/2018
Entity Type: DOMESTIC LIMITED LIABILITY COMPANY
Jurisdiction: CALIFORNIA
Status: ACTIVE (GOOD STANDING)

As of March 27, 2022 (Certification Date), the entity is authorized to exercise all of its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the Certification Date and does not reflect documents that are pending review or other events that may affect status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



IN WITNESS WHEREOF, I execute this certificate and affix the Great Seal of the State of California this day of March 28, 2022.

SHIRLEY N. WEBER, Ph.D.
Secretary of State

Certificate Verification Number: Z7GGVQK

To verify the issuance of this Certificate, use the Certificate Verification Number above with the Secretary of State Certification Verification Search available at bebizfile.sos.ca.gov/certification/index.