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To:	Division of Corporations Fax Number : (850)617-6383		
a	Account Name : REGISTERED AGE Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010 r the email address for this busin innual report mailings. Enter only Email Address: Foreign Limited Liab	ess entity to be used one email address ple	SECRE TALLER ASSEE, FLORID TALLER ASSEE, FLORID
	Deliverance Healthcar	e Staffing LLC	>
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APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN TIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

Texas			same mass include "Limited Liability Company," "L.E.C." ω "LLC"	
2. (Jurisdiction under the law of wh	ich foreign limited liability company is organized)	3. <u></u>	(FEI number, if applicable)	
4	(Date first transacted business in Florida, if prior (See sections 605 0004 & 605 0005, F.S. to dete	to registration) rmune penalty liability)		
7500 WEST COMMERCIAL BLVD #1086		7500	WEST COMMERCIAL BLVD 1986	
(Street Address of P	rincipal Office)	U	(Mailing Address)	
LAUDERHILL FL 33319		LA	UDERHILL FL 33319	
7. Name and street addres	s of Florida registered agent: (P.O. B	ox <u>NOT</u> accept:	able)	<u>-</u>
Name:	Registered Ager	its Inc.	_	
Office Address:	7901 4th St N S	TE 300	•••	
	St. Petersburg		. Florida 33702	

(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: Title or Capacity: Name and Address: Name: FELICIA BELLAMY Manager Name: ☐ Manager Member | Address: ∭Member Address: _ 7500 WEST COMMERCIAL BLVD #1086 Authorized ☐ Authorized LAUDERHILL FL 33319 Person Person Other____ Other____ Other___ Other_ Manager | Manager Name: Address: Address: Member Member Authorized Authorized Person Person Other____ Other____ Other____ Other____ Name: Name: _____ Manager | Manager | Member Address: Member Address: ☐Authorized Authorized Person Person Other____ Other____ Other____ Other_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Nonindexed 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. Riley Park

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



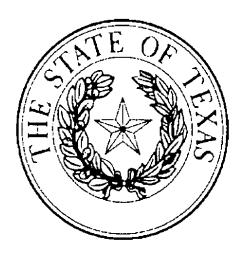
Office of the Secretary of State

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for Deliverance Healthcare Staffing LLC (file number 804531432), a Domestic Limited Liability Company (LLC), was filed in this office on April 20, 2022.

It is further certified that the entity status in Texas is in existence.

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 02, 2022.



Phone: (512) 463-5555

Prepared by: SOS-WEB

John B. Scott Secretary of State

Come visit us on the internet at https://www.sos.texas.gov

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services
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