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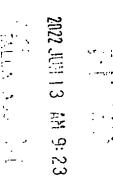
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S. ROBERTS
JUN 1 3 2022

COVER LETTER

TO:	Registration Section Division of Corporations					
ena i	Anytime Medical - Arizona LLC	·				
30133	N N	ame of Limited Liability Company				
The er Existe	nclosed "Application by Foreign Limited Liabili ence, and check are submitted to register the abo	ity Company for Authorization to Transact Business in Florida," Certificate of overeferenced foreign limited liability company to transact business in Florida				
Please	e return all correspondence concerning this matte	er to the following:				
	Jennifer Caldwell					
	Name of Person					
	LaborMax Staffing					
		Firm/Company				
	PO Box 900					
		Address				
	Kearney, MO 64060					
	City/State and Zip Code					
	taxes@labormaxstaffing.com					
	E-mail address: (to	o be used for future annual report notification)				
For fu	orther information concerning this matter, please	call:				
Jennifer Caldwell		816 903-5555 at (
	Name of Contact Person	at ()				
Mailing Address: Registration Section		Street Address: Registration Section				
Division of Corporations		Division of Corporations				
	P.O. Box 6327 Tallahassee, FL 32314	The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303				
	Enclosed is a check for the following amoun Please make check payable to: FLORIDA D S125.00 Filing Fee S130.00 Filing Certifica	DEPARTMENT OF STATE				

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. Anytime Medical - Ari					
(Name of Foreign	Limited Liability Company; must include "Limite	d Liability (Company,""L.L.C.," or "LLC.")		-
LaborMax Staffing					
(If name unavailable, enter alternate	name adopted for the purpose of transacting business in F	orida. The alt	ernate name must include "Limited Lis	sbility Company," "L.L.C," or "I	LLC.")
Oregon					
2. (Jurisdiction under the law of v	which foreign limited liability company is organized)	3	(FEI numbe	er, if applicable)	
4	(Date first transacted business in Florids, if prior to (See sections 605.0904 & 605.0905, F.S. to determi	registration.)			
	(See sections 605.0904 & 605.0905, F.S. to determi	ine penalty lia	bilay)		
9955 SW Beaverton H	fillsdale Hwy 117		O Box 900		
(Street Address of Principal Office)		6	(Mailing Address)		
Beaverton, OR 97005		K	earney, MO 64060		
				77 13	ا د سیس
					1
				<u> </u>	
7. Name and street address	ss of Florida registered agent: (P.O. Box	NOT_acc	ceptable)	A A	. : :
				9	ئىيە ئىي ھ
Name:	National Registered Agents, Inc.			. ∾	
ranic.				' . ω	
Office Address:	1200 South Pine Island Rd				
	Plantation		33324		
			, Florida		
	(City)		(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.

Melinde Surie (Registered Space) Melinda Pierce, assistant secretary

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:
■Manager	Name:	□Manager	Name: Jonny McCreary
□:Member	Address: 971 Premier Dr	■Member	Address:
□Authorized	PO Box 900	□Authorized	PO Box 900
Person	Kearney, MO 64060	Person	Kearney, MO 64060
□Other	Other	Other	□Other
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
□Other	□Other	□Other	
□Manager	Name:	□Manager	Name:
□Member	Address:	□Member	Address:
□Authorized		□Authorized	
Person		Person	
Other		□Other	□Other

<u>Important Notice:</u> 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 an authorized person

Tony Shine President

Typed or printed name of signee

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

Certificate of Existence 629N538H9

I, SHEMIA FAGAN, SECRETARY OF STATE, and Custodian of the Seal of said State, do hereby certify:

ANYTIME MEDICAL - ARIZONA LLC

is

Organized

under the laws of The State of Oregon

and is active on the records of the Corporation Division as of the date of this certificate.



In Testimony Whereof, I have hereunto set my hand and affixed hereto the Seal of the State of Oregon.

SHEMIA FAGAN, SECRETARY OF STATE
6/1/2022