

W22000010939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

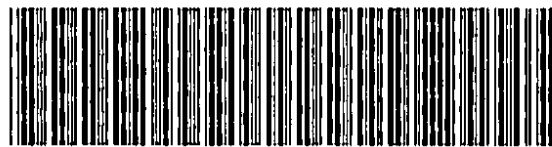
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TALLAHASSEE, FL

S. FRANKLIN
JUL 14 2022

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Continuum Medical Solutions, 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:

Veronica Tigges

Name of Person

Continuum Medical Solutions, LLC DBA Continuum Medical Staffing

Firm/Company

181 Bluffton Rd C102

Address

Bluffton, SC 29910

City/State and Zip Code

vtigges@continuumgroup.net

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

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2022-08-08 PM 8:12
TALLAHASSEE, FL
FLORIDA DEPT OF STATE

For further information concerning this matter, please call:

Veronica Tigges

843

290-4923

at (_____) _____

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

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

Continuum Medical Staffing, 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. Virgina
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 20-8582335
(FEI number, if applicable)

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

5. 1651 Old Meadow Road
(Street Address of Principal Office)

6. 181 Bluffton Rd
(Mailing Address)

Suite 600

C102

McLean, VA 22102

Bluffton, SC 29910

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

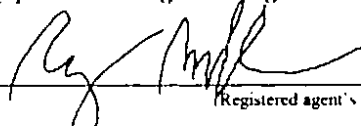
Name: Ray Drapkin

Office Address: 7903 Talavera Place

Delray Beach, Florida 33446
(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.


(Registered agent's signature)

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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: Harvey Kaplan	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: 1651 Old Meadow Rd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	Suite 600	<input type="checkbox"/> Authorized	_____
Person	McLean, VA 22102	Person	_____
<input checked="" type="checkbox"/> Other MGRM	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: Ray Drapkin	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 7903 Talavera Place	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	Delray Beach, FL 33446	Person	_____
<input checked="" type="checkbox"/> Other MGRM	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
 <input type="checkbox"/> Manager	 Name: Veronica Tigges	 <input type="checkbox"/> Manager	 Name: _____
<input type="checkbox"/> Member	Address: 181 Bluffton Rd	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	C102	<input type="checkbox"/> Authorized	_____
Person	Bluffton, SC 29910	Person	_____
<input checked="" type="checkbox"/> Other MGRM	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

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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.

VT

Signature of an authorized person

Veronica Tigges

Typed or printed name of signer

Commonwealth of Virginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Continuum Medical Solutions LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on September 11, 2012; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

May 6, 2022

A handwritten signature in black ink, appearing to read "Bernard J. Logan".

Bernard J. Logan, Clerk of the Commission

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2022 - 8 PM 8:12
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CLERK OF STATE
TALLAHASSEE, FL



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 11, 2022

VERONICA TIGGES
181 BLUFFTON RD C102
BLUFFTON, SC 29910 US

SUBJECT: CONTINUUM MEDICAL SOLUTIONS, LLC DBA CONTINUUM
MEDICAL STAFFING
Ref. Number: W22000078613

We have received your document for CONTINUUM MEDICAL SOLUTIONS, LLC DBA CONTINUUM MEDICAL STAFFING and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of your limited liability company is not available in the state of Florida since it is the same as, or it is not distinguishable from the name of an existing entity on our records. Therefore, the limited liability company must select an alternate name for use in the state of Florida.

Please insert the alternate name in the space provided on the application form.

The alternate name must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC". The abbreviations "Ltd." and "Co.," also are no longer acceptable.

The titles you have listed for the individuals or business entities which will manage the limited liability company are not acceptable. We cannot accept the terms: partner, officer, owner or member. You must insert the letters "MGRM" for each individual or business entity that is a member and will serve in a managerial capacity. If the individual or business entity is not a member, but will serve in a managerial capacity, you must insert the letters "MGR." We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Entities may file using only the entity's name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing an application and submitting the appropriate fees to this office.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call

JUL 0