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Foreign Limited Liability Company FleetNurse Direct, LLC

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S. ROBERTS

FEB 1 5 2023

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

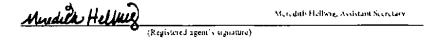
IN COMPLANCE WITH SECTION 665000, FLORIDA STATUTEX THE FOLLOWING IS SUBMITTED TO REGISTER A FOREKIN LIMITED HABILITY

COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA: FleetNurse Direct, LLC (Name of Foreign Limited Enability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.") (It name coassailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Uninted Flability Company," "L.E.C." or "ELC," o Delaware (Jurisdiction under the law of which foreign limited liability company is organized) (Date first transacted business in Florida, it pure to registration.) (See sections 605-0903 & 603-0905; F.S. to determine penalty liability.) 1776 Millrace Drive, Suite 300 1776 Millrace Drive, Suite 300 (Street Address of Principal Office) Eugene, Oregon 97403 Eugene, Oregon 97403 7. Name and street address of Florida registered agent: (P.O. Box <u>NOT</u> acceptable) National Registered Agents Inc. Name: 1200 South Pine Island Road Office Address: Plantation

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.

(City)



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]:

□ Member Address: 1776 Millrace Drive □ Member Address □ Authorized □ Suite 300 □ □ Authorized □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □ □	Name and Address:
Eugene, Oregon 97403 Person Other Other Manager Name: Member Address: Authorized Tauthorized Person Person Other Other Address: Authorized Person Other Other Other Thember Name: Manager Name	
Person Eugenc, Oregon 97403 Person □Other □Other □Other □Manager Name: □Manager □Member Address: □Member □Authorized □Authorized □Authorized Person □Other □Other □Other □Other □Other □Manager Name: □Manager □Member Address: □Member Address:	
□Other □Other □Other □Manager Name: □ □Member Address: □ □Authorized □ Authorized Person □ □ □Other □ □ □Manager Name: □ □Manager Name: □ □Member Address: □ □Member Address: □	
Manager Name:	
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Person Person Other Other Other Manager Name:	
Person	
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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 fellowy as provided for in \$.817.155, F.S.

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Israel Angeles	
Exped or printed name of signer	_

Delaware The First State

Page 1

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

DELAWARE, DO HEREBY CERTIFY "FLEETNURSE DIRECT, 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 TWENTY-SIXTH DAY OF JANUARY, A.D. 2023.

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

Authentication: 202582917

Date: 01-26-23