

M230000004706

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

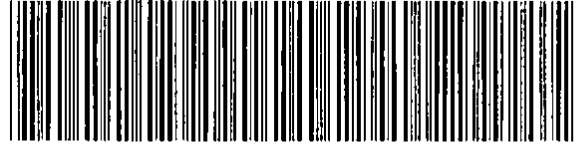
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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07/21/23--01020--004 **125.00

SECRETARY OF STATE
TALLAHASSEE, FL

2023 JUL 21 PM 1:18

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Luminous Nursing Staffing, 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:

Tabitha Salzl

Name of Person

Keating Muething & Klekamp PLL

Firm/Company

Suite 1400 1 E 4th Street

Address

Cincinnati, OH 45202

City/State and Zip Code

tsalzl@kmklaw.com

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

For further information concerning this matter, please call:

Tabitha Salzl

513

579-6439

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. Luminous Nursing Staffing, LLC

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

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLC.")

2. Delaware

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

3. 93-1643092

(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. 580 Walnut Street, Apt. 1409

(Street Address of Principal Office)

Cincinnati, OH 45202

6. 580 Walnut Street, Apt. 1409

(Mailing Address)

Cincinnati, OH 45202

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

Name: C T Corporation System

Office Address: 1200 South Pine Island Road

Plantation, Florida 33324
(City) (Zip code)

STATE OF FLORIDA
TALLAHASSEE, FL

2023 JUL 21 PM 1:18

FILED

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.

C T Corporation System

By: Laura R Broderick Laura R. Broderick, Assistant Secretary

(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:**

☐ Manager Name: Shane Slone

☒ Member Address: 580 Walnut Street, Apt. 1409

☐ Authorized Cincinnati, OH 45202

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

Title or Capacity: **Name and Address:**

☐ Manager Name: Alysia Adams

☒ Member Address: 7740 N. Shore Drive

☐ Authorized Jacksonville, FL 32208

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

Person _____

☐ Other _____ ☐ Other _____

☐ Manager Name: _____

☐ Member Address: _____

☐ Authorized _____

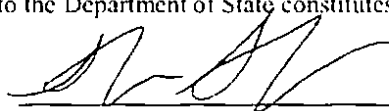
Person _____

☐ 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 an authorized person

Shane Slone, Member

Typed 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 "LUMINOUS NURSING STAFFING, 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 SIXTH DAY OF JUNE, A.D. 2023.

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



7488841 8300

SR# 20232674254

You may verify this certificate online at corp.delaware.gov/authver.shtml

A handwritten signature in black ink, appearing to read "JBullock", is written over a horizontal line. Below the line, the text "Jeffrey W. Bullock, Secretary of State" is printed in a small font.

Authentication: 203489207

Date: 06-06-23

ups Shipment Receipt

Transaction Date: 19 Jul 2023

Tracking Number:

1ZXX38580191780134

① Address Information

Ship To:

Secretary of State
Division of Corporations
2415 N. Monroe Street
Suite 810, The Centre of
Tallahassee
TALLAHASSEE FL 323034112

Ship From:

Keating Muething & Kiekamp
PLL
Tabitha Salzl
One East Fourth Street
Suite 1400
Cincinnati OH 45202
Telephone: 5135796439
email: tsalzl@kmklaw.com

Return Address:

Keating Muething & Kiekamp PLL
Tabitha Salzl
One East Fourth Street
Suite 1400
Cincinnati OH 45202
Telephone: 5135796439 email: tsalzl@kmklaw.com

② Package Information

	Weight	Dimensions / Packaging	Declared Value	Reference Numbers
1.	Letter (Letter billable)	UPS Letter		Last Name - Salzl Client Matter Code - NU7925 CG0001

③ UPS Shipping Service and Shipping Options

Service:

UPS Next Day Air

Guaranteed By:

10:30 AM Thursday, Jul 20, 2023

Shipping Fee Subtotal:

57.88 USD

Additional Shipping Options

Transportation

50.66 USD

Quantum View Notify E-mail Notifications:

No Charge

Fuel Surcharge

7.22 USD

1 tsalzl@kmklaw.com: Delivery

E-mail Failure Notification: tsalzl@kmklaw.com

④ Payment Information

Bill Shipping Charges to:

Shipper's Account XX3858

Shipping Charges:	57.88 USD
A discount has been applied for this shipment.	
Negotiated Charges:	24.31 USD
Subtotal Shipping Charges:	24.31 USD
Total Charges:	24.31 USD

Note: This document is not an invoice. Your final invoice may vary from the displayed reference rates.

* For delivery and guarantee information, see the UPS Service Guide ({0}). To speak to a customer service representative, call 1-800-PICK-UPS for domestic services and 1-800-782-7892 for international services.