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Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 Phone : (845)425-0077

Fax Number : (845)818-3588

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

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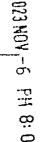
## Foreign Limited Liability Company InHealth Staffing LLC

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

IN COMPHANCE WITH SECTION 605,0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN. LIMITED HABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

	Vamited Liability Company; must include "Lim	ited Liability C	ompany," "L.T.C.," or "LLC")		
rame unavailable, enter alturiale i	name adopted for the purpose of transacting beginsson	n Florida. The alte	anaic name most malode "Lanoted Ladri	hty Company? "L.1.C," or "FFC	·" <sub>}</sub>
Delaware					
(Jurisdiction under the taw of w	hich fereign limited hability company is organized)	3	(FEI number,	if applicable)	
	Date heat transacted business in Florida, if mean	In certician )		<u> </u>	
	(Date first transacted business in Florida, if provided Sec sections 603-6994 & 605,0905, F.S. to dete	umine penalty lial	odity)		
8 The Green, Ste B		<b>8</b>	The Green, Ste B		
rees Address of Principal Office)		_	(Mailing Address)		
Dover DE 19901		D	over DE 19901		
			· · · · · · · · · · · · · · · · · · ·		
Name and street address					
Name:	Veorp Agent Services, Inc.	ox <u>NOT</u> acc	reptable)	<b>202</b> 2	
Name; Office Address;		ox <u>NOT</u> acc	eeptable)	2023 NOV -	•
	Veorp Agent Services, Inc.		33324	-6	en e
	Veorp Agent Services, Inc.  1200 South Pine Island Road		33324	-6 PH	1 m
Office Address: legistered agent's accep laving been named as re- esignated in this applica- o comply with the provisi	Veorp Agent Services, Inc.  1200 South Pine Island Road  Plantation  (Cay)	of process for	33324, Florida  [Zapcode]  the above stated limited lia d agent and agree to act in t	bility company othe policy copacity. I further	agi

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 Canacity:	Name and Address:	Title or Capacity	Name and Address:
■Manager	Name: Joseph Kelley	■ Manager	Name: Andrew Walter
□Member	Address: 8 The Green, Ste B	□Member	Address: 8 The Green, Ste B
□Authorized	Dover DE 19901	□Authorized	Dover DE 19901
Person		Person	
⊡Other		□Other	Other
□Manager	Name:	□Manager	Name:
⊡Meniber	Address:	∃Member = 1	Address:
□Authorized		☐ Authorized	
Person		Person	
Other	Othe:	□ Other	Other
□Manager	Name:	□Manager	Name:
□Member	Address:	T Member	Address:
□Authorized		□Authorized	
Person		Person	
□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 \$.817.155, F.S.

Joseph Kelley



Page 1

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "INHEALTH 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 THIRD DAY OF NOVEMBER, A.D. 2023.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "INHEALTH STAFFING LLC" WAS FORMED ON THE NINETEENTH DAY OF MAY, A.D. 2022.

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

Authentication: 204520065

Date: 11-03-23