

M 24000000276

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

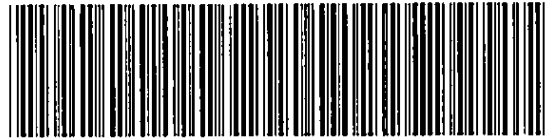
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



100420785421

RECEIVED
2024 JAN 10 PM 3:18
TALLAHASSEE, FLORIDA



CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: 61594

To: Department Of State, Division Of Corporations
From: Eyliena Baker
Ext: 61594
Date: 01/10/24
Order #: 1385185-1
Re: Physician Staffing, LLC
Processing Method: Routine

TO WHOM IT MAY CONCERN:

Enclosed please find:

Application for Certificate of Authority

Amount to be deducted from our State Account: \$125.00 - FL State Account Number:

I20000000195

AUTH

A handwritten signature in black ink, appearing to read 'Eyliena Baker', is written over the word 'action' in the following line.

Please take the following action:

File in your office on basis

Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Physician 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:

Rebecca Solis

Name of Person

HNI Healthcare

Firm/Company

7500 Rialto Blvd., Bldg. 1, Ste. 140

Address

Austin, Texas 78735

City/State and Zip Code

rebecca.solis@hnihc.com

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

For further information concerning this matter, please call:

Rebecca Solis

956

8786074

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. Physician Staffing, LLC

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

Physician Staffing of Florida, 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. Ohio

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

34-1157377

3.

(FEI number, if applicable)

01/01/2024

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

5. (Street Address of Principal Office)

7500 Rialto Blvd., Bldg. 1, Ste. 140

Austin, Texas 78735

6. (Mailing Address)

7500 Rialto Blvd., Bldg. 1, Ste. 140

Austin, Texas 78735

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

Name: Corporation Service Company

Office Address: 1201 Hays Street

Tallahassee

(City)

Florida 32301

(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.

Corporation Service Company

By:

Eyleima Bahar

Assistant Vice President

(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]:

<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: <u>HNI of Florida, Inc.</u>	<input type="checkbox"/> Manager	Name: <u>Michael Gonzales, CEO</u>
<input checked="" type="checkbox"/> Member	Address: <u>7500 Rialto Blvd., Bldg. 1, Ste. 140</u>	<input type="checkbox"/> Member	Address: <u>7500 Rialto Blvd., Bldg. 1, Ste. 140</u>
<input type="checkbox"/> Authorized	<u>Austin, Texas 78735</u>	<input checked="" type="checkbox"/> Authorized	<u>Austin, Texas 78735</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

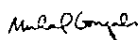
<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: <u>Oon Soo Ung, CEO</u>
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: <u>7500 Rialto Blvd., Bldg. 1, St</u>
<input type="checkbox"/> Authorized	_____	<input checked="" type="checkbox"/> Authorized	<u>Austin, Texas 78735</u>
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

<input type="checkbox"/> Manager	Name: _____	<input type="checkbox"/> Manager	Name: _____
<input type="checkbox"/> Member	Address: _____	<input type="checkbox"/> Member	Address: _____
<input type="checkbox"/> Authorized	_____	<input type="checkbox"/> Authorized	_____
Person	_____	Person	_____
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> 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

Michael Gonzales, CEO

Typed or printed name of signee

UNITED STATES OF AMERICA
STATE OF OHIO
OFFICE OF THE SECRETARY OF STATE

I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show PHYSICIAN STAFFING, LLC, an Ohio Limited Liability Company, Registration Number 461906, was organized in the State of Ohio on January 8, 1975, is currently in FULL FORCE AND EFFECT upon the records of this office.



Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 28th day of November, A.D. 2023.

A handwritten signature in cursive script, appearing to read "Frank LaRose".

Ohio Secretary of State

Validation Number: 202333203194