

M24 0000 13307

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

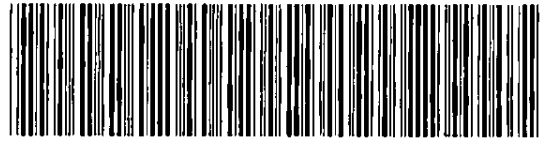
Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

W24 000 122311

Office Use Only



800435410128

08/26/24--01014--003 **160.00

C

2024 OCT 15 PM 3:33

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: RN Express Staffing Registry, 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:

Nimfa Francis C. Gregorios
Name of Person
RN Express Staffing Registry, LLC
Firm/Company
71 West 23rd Street Suite 1622
Address
New York, NY 10010
City/State and Zip Code
ngregorios@rnexpressregistry.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Alexander Alejandrino 212 675-7318
Name of Contact Person at () 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. RN Express Staffing Registry, LLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," 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," "L.L.C.," or "LLC.")

2. New York 3. 27-086-5208
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

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

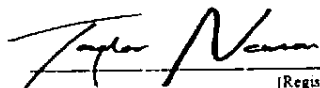
5. 71 West 23rd Street 6. 71 West 23rd Street
(Street Address of Principal Office) (Mailing Address)
Suite 1622 Suite 1622
New York, NY 10010 New York, NY 10010

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

Name: Northwest Registered Agent, LLC
Office Address: 7901 4th St. N Ste. 300
St. Petersburg 33702
(City) , Florida (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)

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: Sally F. Nuñez
☒ Member Address: 71 West 23rd Street Suite 1622
☐ Authorized New York, NY 10010
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Maria Lea S. Batomalaque
☒ Member Address: 71 West 23rd Street Suite 1622
☐ Authorized New York, NY 10010
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Florida R. Lucas
☒ Member Address: 71 West 23rd Street Suite 1622
☐ Authorized New York, NY 10010
Person _____
☐ Other _____ ☐ Other _____

Title or Capacity: _____ **Name and Address:** _____
☒ Manager Name: Alexander C. Alejandrino
☐ Member Address: 71 West 23rd Street Suite 1622
☐ Authorized New York, NY 10010
Person _____
☐ Other _____ ☐ Other _____

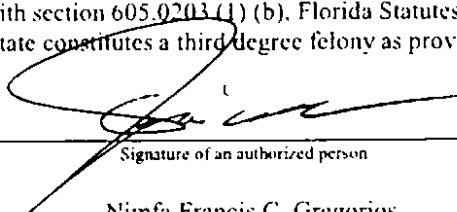
☒ Manager Name: Nimfa Francis C. Gregorios
☐ Member Address: 71 West 23rd Street Suite 1622
☐ Authorized New York, NY 10010
Person _____
☐ Other _____ ☐ Other _____

☐ Manager Name: Agustina Sarita
☐ Member Address: 71 West 23rd Street Suite 1622
☒ Authorized New York, NY 10010
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

Nimfa Francis C. Gregorios

Typed or printed name of signee

STATE OF NEW YORK

DEPARTMENT OF STATE

Certificate of Status

I, WALTER T. MOSLEY, Secretary of State of the State of New York and custodian of the records required by law to be filed in my office, do hereby certify that upon a diligent examination of the records of the Department of State, as of the date and time of this certificate, the following entity information is reflected:

Entity Name:	RN EXPRESS STAFFING REGISTRY LLC
DOS ID Number:	3851657
Entity Type:	DOMESTIC LIMITED LIABILITY COMPANY
Entity Status:	EXISTING
Date of Initial Filing with DOS:	09/01/2009
Statement Status:	CURRENT
Statement Due Date:	09/30/2025

No information is available from this office regarding the financial condition, business activity or practices of this entity.



WITNESS my hand and official seal of the Department of State,
at the City of Albany, on May 28, 2024 at 11:48 A.M.

WALTER T. MOSLEY
Secretary of State

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100005802144 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ecorp.dos.ny.gov>