M25000016341

(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:

W25-146865

Office Use Only

100459918811

RECEIVED
2025 OCT 24 PM 4:01

2025 OCT 24 AM 6:39

NOV 19 2025

K. Brumbley

FLORIDA DEPARTMENT OF STATE
Division of Corporations

November 10, 2025

CSC **2nd print**

SUBJECT: CONVERDIA HEALTH STAFFING-THERAPIES LLC
Ref. Number: W25000146865

We have received your document for CONVERDIA HEALTH STAFFING-THERAPIES LLC and your check(s) totaling $. However, the enclosed document has not been filed and is being returned for the following correction(s):

Does this business name have a Space between the words and the hyphen? Also, the pages are to dark and will not scan properly into record.,

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

KYLE D BRUMBLEY
Regulatory Specialist II Supervisor

Letter Number: 825A00024257

RESUBMIT
Please give original
submission date as file date.

CSC - Tallahassee
1201 Hays Street
Tallahassee, FL 32301-2607
850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations
From: Shauna Godbolt
Ext: x61563
Date: 10/24/25
Order #: 4586182-1
Re: Converdia Health Staffing - Therapies 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: $125.0 - FL State Account Number: I20000000195
Certificate of Good Standing from State of Incorporation

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: Converdia Health Staffing-Therapies 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:

Jill Benson
Name of Person

Converdia Health Staffing-Therapies LLC
Firm/Company

301 Sheyenne St
Address

West Fargo, ND 58078
City/State and Zip Code

jbenson@converdiahealth.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Jill Benson at (701) 415-7441
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. Converdia Health Staffing-Therapies 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. MN
(Jurisdiction under the law of which foreign limited liability company is organized)

3. 93-4741439
(FEI number, if applicable)

4. 01/01/2025
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 301 Sheyenne St.
West Fargo, ND 58078
(Street Address of Principal Office)

6. 301 Sheyenne St.
West Fargo, ND 58078
(Mailing Address)

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)

2025 OCT 24 AM 9:39

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: Shauna Godbolt

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:	Title or Capacity:	Name and Address:
■Manager	Name: Brian Rahman	☐Manager	Name: Jessica Rahman
☐Member	Address: 444 Sheyenne St. #415	■Member	Address: 444 Sheyenne St. #415
■Authorized	West Fargo, ND 58078	☐Authorized	West Fargo, ND 58078
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Braden Rahman	☐Manager	Name: Cody Rahman
■Member	Address: 3215 36th Ave. S.	■Member	Address: 151 E. 4th Pl. #519
☐Authorized	Fargo, ND 58104	☐Authorized	Sioux Falls, SD 57108
Person		Person	
☐Other	☐Other	☐Other	☐Other
☐Manager	Name: Dustin Soash	☐Manager	Name:
■Member	Address: 10213 S. 180th Ave. Circle	☐Member	Address:
☐Authorized	Omaha, NE 68136	☐Authorized	
Person		Person	
☐Other	☐Other	☐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.

Brian Rahman

Signature of an authorized person

Brian Rahman

Typed or printed name of signee

Office of the Minnesota Secretary of State
Certificate of Good Standing

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	Converdia Health Staffing - Therapies LLC
Date Filed:	12/06/2023
File Number:	1433320100021
Minnesota Statutes, Chapter:	322C
Home Jurisdiction:	Minnesota

This certificate has been issued on: 10/24/2025

Steve Simon
Secretary of State
State of Minnesota