

M26000007556

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

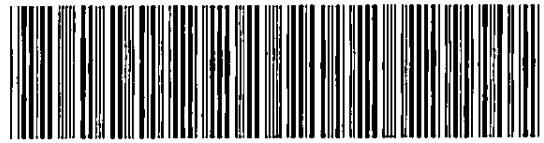
(Business Entity Name)

(Document Number)

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MAY 13 2026

FILED
2026 MAY - 7 PM 12:46
SECRETARY OF STATE
TALLAHASSEE, FL

MAY 13 2026
T. LEMIEUX

wak
60613

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: MAR MOBILE REGISTERED NURSING SERVICES, PLLC
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:

Processing Department
Name of Person
MyCorporation Business Services, Inc.
Firm/Company
26025 Mureau Road Suite 120
Address
Calabasas, CA 91302
City/State and Zip Code
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Processing Department at (877) 692-6772
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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 23, 2026

PROCESSING DEPARTMENT
26025 MUREAU RD STE 120
CALABASAS, CA 91302

SUBJECT: MAR MOBILE REGISTERED NURSING SERVICES, PLLC
Ref. Number: W26000060613

We have received your document for MAR MOBILE REGISTERED NURSING SERVICES, PLLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of a limited liability company must contain the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC." The following suffixes are no longer acceptable: "Limited Company," "L.C.," and "LC." The abbreviations "Ltd." and "Co.", also are no longer acceptable. Please amend your document accordingly.

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.

Tracy L Lemieux
Regulatory Specialist II

Letter Number: 326A00008546

RECEIVED

MAY 07 2026

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. MAR MOBILE REGISTERED NURSING SERVICES, PLLC
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC")

MAR MOBILE REGISTERED NURSING SERVICES, 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 (Jurisdiction under the law of which foreign limited liability company is organized) 3. (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. 7786 SW 59th PL (Street Address of Principal Office) Ocala, FL 34474 6. 7786 SW 59th PL (Mailing Address) Ocala, FL 34474

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

Name: Legalinc Corporate Services Inc. Office Address: 476 Riverside Ave. Jacksonville, Florida 32202 (City) (Zip code)

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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.

Dana Case (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: Maxine Richards
 Member Address: 134-33 234th Street
 Authorized Rosedale, NY 11422
 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: Tajae Hinds
 Member Address: 134-33 234th Street
 Authorized Rosedale NY 11422
 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

Maxine Richards 4/6/2026
Signature of an authorized person

Maxine Richards

Typed or printed name of signer

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: MAR MOBILE REGISTERED NURSING SERVICES, PLLC
DOS ID Number: 5970483
Entity Type: DOMESTIC PROFESSIONAL SERVICE LIMITED LIABILITY COMPANY
Entity Status: EXISTING
Date of Initial Filing with DOS: 03/23/2021

Statement Status: CURRENT
Statement Due Date: 03/31/2027

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 April 07, 2026 at 04:47 P.M.

WALTER T. MOSLEY
Secretary of State

A handwritten signature in black ink that reads "Brendan C. Hughes".

BRENDAN C. HUGHES
Executive Deputy Secretary of State

Authentication Number: 100010022510 To Verify the authenticity of this document you may access the
Division of Corporation's Document Authentication Website at <http://ccorp.dos.ny.gov>