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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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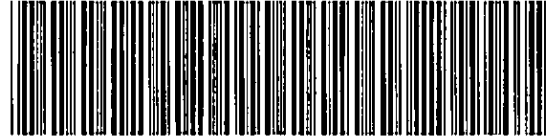
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

US  
10/28/20

**COVER LETTER**

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Care Partners Staffing, Inc.  
Name of corporation - must include suffix

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," or "Certificate of Good Standing" and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Linsey Powers  
 \_\_\_\_\_  
 Name of Person

Care Partners Staffing Inc.  
 \_\_\_\_\_  
 Firm/Company

4279 Spring Run Rd  
 \_\_\_\_\_  
 Address

Mechanicsville, VA 23116  
 \_\_\_\_\_  
 City/State and Zip code

contact@carepartnersstaffingsolution.com  
 \_\_\_\_\_  
 E-mail address: (to be used for future annual report notification)

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 STATE OF FLORIDA  
 DIVISION OF CORPORATIONS

For further information concerning this matter, please call:

Linsey Powers at ( 804 ) 716-9200  
 \_\_\_\_\_  
 Name of Person                      Area Code                      Daytime Telephone Number

<b>STREET/COURIER ADDRESS:</b> Registration Section Division of Corporations The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	<b>MAILING ADDRESS:</b> Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314
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Enclosed is a check for the following amount:  
 Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

\$70.00 Filing Fee     
  \$78.75 Filing Fee & Certificate of Status     
  \$78.75 Filing Fee & Certified Copy     
  \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA**

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Care Partners Staffing Inc.  
\_\_\_\_\_  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co." or "Corp.")

\_\_\_\_\_  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Virginia \_\_\_\_\_ 3. \_\_\_\_\_  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 09/14/2009 \_\_\_\_\_ 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. NA \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 4275 Spring Run Rd, Mechanicsville, VA 23116 \_\_\_\_\_  
(Principal office street address)

4279 Spring Run Rd, Mechanicsville, VA 23116 \_\_\_\_\_  
(Current mailing address, if different)

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TALLAHASSEE FLORIDA

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

Name: Registered Agents Inc. \_\_\_\_\_

Office Address: 7901 4th St N STE 300 \_\_\_\_\_

St. Petersburg \_\_\_\_\_, Florida 33702  
(City) (Zip code)

9. Registered agent's acceptance:

*Having been named as registered agent and to accept service of process for the above stated corporation 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)

10. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

**A. DIRECTORS**

Chairman Name: Linsey Powers  
 Vice Chairman Address: 4279 Spring Run Rd  
 Director Mechanicsville, VA 23116  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: Jeff Powers  
 Vice Chairman Address: 4279 Spring Run Rd  
 Director Mechanicsville, VA 23116  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

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 IN AND FOR THE COUNTY OF PALM BEACH, FLORIDA

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 Other \_\_\_\_\_  Other \_\_\_\_\_

Chairman Name: \_\_\_\_\_  
 Vice Chairman Address: \_\_\_\_\_  
 Director \_\_\_\_\_  
 President \_\_\_\_\_  
 Vice President \_\_\_\_\_  
 Secretary  Treasurer  
 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.

12. Linsey Powers MSHI, BSN, RN  
 \_\_\_\_\_  
 Signature of Director or Officer

The officer or director signing this document (and who is listed in number 11 above) affirms that the facts stated herein are true and that he or she is aware that 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.

13. Linsey Powers MSHI, BSN, RN, President, CEO  
 \_\_\_\_\_  
 (Typed or printed name and capacity of person signing application)

# Commonwealth of Virginia



## State Corporation Commission

### CERTIFICATE OF GOOD STANDING

I Certify the Following from the Records of the Commission:

That Care Partners Staffing, Inc. is duly incorporated under the law of the Commonwealth of Virginia;

That the corporation was incorporated on September 14, 2009;

That the corporation's period of duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.

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Signed and Sealed at Richmond on this Date:

October 19, 2020

A handwritten signature in cursive script, appearing to read "Bernard J. Logan".

Bernard J. Logan, Interim Clerk of the Commission