

M2100000804
Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 617-6383

From: Account Name : HARVARD BUSINESS SERVICES, INC
Account Number : 120080000345
Phone : (302) 645-7400
Fax Number : (302) 645-1280

2021 JAN 21 PM 4:44
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DEPT. OF STATE
TALLAHASSEE, FL

RECEIVED
2021 JAN 21 PM 4:42

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.
Email Address: vijay@vestatelemed.com

Foreign Limited Liability Company
MOMENTUM HEALTHCARE STAFFING SERVICES LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

Handwritten signature and date: 1/22/21

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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. MOMENTUM HEALTHCARE STAFFING SERVICES 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. Delaware 86-1257849
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 1-1-21
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 2950 Lake Emma Rd STE 2020
(Street Address of Principal Office)
Lake Mary, FL 32746
6. 2950 Lake Emma Rd STE 2020
(Mailing Address)
Lake Mary, FL 32746

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

Name: Vijay Vonguru

Office Address: 2950 Lake Emma Rd STE 2020

Lake Mary 32746
(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.

[Handwritten signature]

(Registered agent's signature) Vijay Vonguru

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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: Dr. Ajitpal Singh Dhaliwal

Member Address: 200 E 36th Street

Authorized New York, NY 10016

Person _____

Other _____ Other _____

Title or Capacity: Name and Address:

Manager Name: Vesta Solutions Group, LLC

Member Address: 2950 Lake Emma Rd STE 2020

Authorized Lake Mary, FL 32746

Person _____

Other Managing Mbr Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

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 TALLAHASSEE, FL

Manager Name: _____

Member Address: _____

Authorized _____

Person _____

Other _____ Other _____

Manager Name: _____

Member Address: _____

Authorized _____

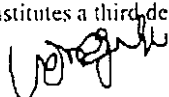
Person _____

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.



Signature of an authorized person

Dr. Ajitpal Singh Dhaliwal

Typed or printed name of signer

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Delaware

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The First State

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MOMENTUM HEALTHCARE STAFFING SERVICES LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIRST DAY OF JANUARY, A.D. 2021.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "MOMENTUM HEALTHCARE STAFFING SERVICES LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF DECEMBER, A.D. 2020.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN ASSESSED TO DATE.

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SECRETARY OF STATE
TALLAHASSEE, FL
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Jeffrey W. Bullock
Jeffrey W. Bullock, Secretary of State

4559784 8300

SR# 20210174802

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202332883

Date: 01-21-21

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