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To:

Division of Corporations

Fax Number : (850)617-6383

From:

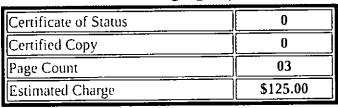
Account Name : REGISTERED AGENTS INC.

Account Number : I20090000081 Phone : (307)200-2803 Fax Number : (855)330-1010

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address:_

Foreign Limited Liability Company Lifeline Staffing Agency LLC



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Help

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

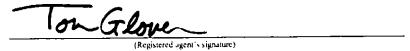
IN COMPLIANCE WITH SECTION 605.0002, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

. Lifeline Staffing Agency LLC

Virginia	name adopted for the purpose of transacting business i	_{3.} 87-1101338	
	which foreign limited liability company is organized)	3. (FEI number, if an	plicable)
	(Date first transacted business in Florida, if pri (See sections 605,0904 & 605,0905, F.S. to de	ior to registration.) etermine penalty hability)	-
7901 4th St N		6. 7901 4th St N	
STE 300		STE 300	2022 TAL
St. Petersburg FL 33702		St. Petersburg F	حد ري
Name and street addre	ess of Florida registered agent: (P.O.	Box <u>NOT</u> acceptable)	RY OF SIASEE. FLOR
Name:	Northwest Registered	Agent LLC	IATE PATE PRIDA
Office Address:	7901 4th St N S	TE 300	
Ç	St. Petersburg	33702	

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.



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]: Name and Address: Title or Capacity: Name and Address: Title or Capacity: Name: tigidankay bangura Name: _____ Manager Manager Manager Address: 7901 4th St N STE 300 Member Member Address: _____ St. Petersburg, FL 33702 Authorized Authorized Person Person Other____ Other _ Other____ Other___ Name: _____ Manager Name: ______ Manager Address: ☐ Member Address: _____ Member Authorized Authorized Person Person Other____ Other____ Other__ Other___ Name: Name: Manager Member Address: _____ Member Address: _____ Authorized 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. Nonindexed 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 Morgan Noble

Typed or printed name of signee

Commonbrealth of Hirginia



State Corporation Commission

CERTIFICATE OF FACT

I Certify the Following from the Records of the Commission:

That Lifeline Staffing Agency LLC is duly organized as a Limited Liability Company under the law of the Commonwealth of Virginia;

That the Limited Liability Company was formed on June 7, 2021; and

That the Limited Liability Company is in existence in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



Signed and Sealed at Richmond on this Date:

January 12, 2022

Bernard J. Logan, Clerk of the Commission

CERTIFICATE NUMBER: 2022011216780468