

RECEIVED  
R.I. DEPARTMENT OF STATE



State of Rhode Island  
Department of State - Business Services Division

2022 JUN - 1 P 1: 26

### Application for Transfer of Authority

FOREIGN Business Corporation, Limited Partnership,  
Limited Liability Company, Limited Liability Partnership or  
Non-Profit Corporation

Pursuant to the applicable provisions of RIGL Title 7, the undersigned duly qualified foreign entity submits the following application for the purpose of transferring its authority to conduct business in the State of Rhode Island to:

1. Entity ID Number: 000861107	2. The full name of the entity filing this application is: Healthcare Support Staffing, Inc.
3. The applicant is a duly qualified foreign: (CHECK ONE BOX ONLY)	
<input type="checkbox"/> Limited Liability Company <input checked="" type="checkbox"/> Business Corporation <input type="checkbox"/> Non-Profit Corporation <input type="checkbox"/> Limited Partnership <input type="checkbox"/> Limited Liability Partnership	
4. The applicant submits this application for the purpose of transferring its authority to a: (CHECK ONE BOX ONLY)	
<input checked="" type="checkbox"/> Limited Liability Company (RIGL <u>7-16-52.1</u> )                                      Business Corporation (RIGL <u>7-1-2-1411.1</u> ) <input type="checkbox"/> Non-Profit Corporation (RIGL <u>7-6-80.1</u> )                                      Limited Partnership (RIGL <u>7-13-52.1</u> ) <input type="checkbox"/> Limited Liability Partnership (RIGL <u>Title 7</u> , as applicable)	
5. The date the applicant qualified to conduct business in Rhode Island is: 11/18/2013	6. The jurisdiction upon transfer of authority is: FL.
7. The name of the entity following the transfer of authority is: Healthcare Support Staffing, LLC	
8. The application for transfer of authority is filed as an accompanying certificate to the: CHECK ONE BOX ONLY	
<input checked="" type="checkbox"/> Application for registration for a Limited Liability Company <input type="checkbox"/> Application for certificate of authority for a Business Corporation <input type="checkbox"/> Application for certificate of authority for a Non-Profit Corporation <input type="checkbox"/> Certificate of registration for a Limited Partnership <input type="checkbox"/> Notice of registration for a registered Limited Liability Partnership	
8(a). This Transfer of Authority and applicable Application/Certificate/Notice must be accompanied by a Certificate of Good Standing/Legal Existence from the current jurisdiction of the entity.	

FILED

**MAIL TO:**  
 Division of Business Services  
 148 W. River Street, Providence, Rhode Island 02904-2615  
 Phone: (401) 222-3040  
 Website: [www.sos.ri.gov](http://www.sos.ri.gov)

BY [Signature] JUN 1 2022  
1:26

**TO BE COMPLETED BY THE ENTITY TRANSFERRING AUTHORITY**

*Under penalty of perjury, I/we declare and affirm that I/we have examined this Application for Transfer of Authority, including any accompanying attachments, and that all statements contained herein are true and correct and that the undersigned is authorized to sign this certificate on behalf of the entity set forth above.*

Type or Print Name of **Limited Liability Company**

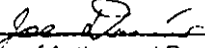
Healthcare Support Staffing, LLC

Signature of Authorized Person

Joe Davis

Date

5/26/2022



Signature of Authorized Person

Date

Type or Print Name of **Corporation**

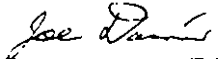
Healthcare Support Staffing, Inc.

Signature of Authorized Person

Joe Davis

Date

5/26/2022



Signature of Authorized Person

Date

Type or Print Name of **Partnership**

Signature of Partner

Date

Signature of Partner

Date

Signature of Partner

Date

Type or Print Name of **Other Entity**

Signature of Authorized Person

Date

Signature of Authorized Person

Date

If you have any questions, please call us at (401) 222-3040, Monday through Friday, between 8:30 a.m. and 4:30 p.m., or email [corporations@sos.ri.gov](mailto:corporations@sos.ri.gov).

FORM 612- Revised 09/2020

41155

2021 DEC 13 AM 9:55

REGISTRATION STATE  
TALLAHASSEE FL

**Articles of Conversion**  
For  
**"Other Business Entity"**  
Into  
**Florida Limited Liability Company**

The Articles of Conversion **and attached Articles of Organization** are submitted to convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.605.1045, Florida Statutes.

1. The name of the "Other Business Entity" immediately prior to the filing of the Articles of Conversion is:  
Healthcare Support Staffing, Inc.  
(Enter Name of Other Business Entity)

2. The "Other Business Entity" is a Corporation  
(Enter entity type. Example: corporation, limited partnership, general partnership, common law or business trust, etc.)

First organized, formed or incorporated under the laws of Florida  
(Enter state, or if a non-U.S. entity, the name of the country)

on 01/01/2003  
(date of organization, formation or incorporation)

3. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization:  
Healthcare Support Staffing, LLC  
(Enter Name of Florida Limited Liability Company)

4. If not effective on the date of filing, enter the effective date: \_\_\_\_\_  
(The effective date: Cannot be prior to date of receipt or filed date nor more than 90 calendar days after the date this document is filed by the Florida Department of State.)  
**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

5. The plan of conversion has been approved in accordance with all applicable statutes.

6. The "Converted or Other Business Entity" has agreed to pay any members having appraisal rights the amount to which such members are entitled under ss. 605.1006 and 605.1061-605.1072, F.S.

Signed this 7th day of December 2021.

**Signature of Authorized Representative of Limited Liability Company:**

Signature of Authorized Representative:   
Printed Name: Donald Langmo Title: Manager

**Signature(s) on behalf of Other Business Entity: [See below for required signature(s)]**

Signature:   
Printed Name: Donald Langmo Title: President

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

Signature: \_\_\_\_\_  
Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_

**If Florida Corporation:**

Signature of Chairman, Vice Chairman, Director, or Officer.  
If Directors or Officers have not been selected, an Incorporator must sign.

**If Florida General Partnership or Limited Liability Partnership:**

Signature of one General Partner.

**If Florida Limited Partnership or Limited Liability Limited Partnership:**

Signatures of ALL General Partners.

**All others:**

Signature of an authorized person.

**Fees:**

Articles of Conversion:	\$25.00
Fees for Florida Articles of Organization:	\$125.00
Certified Copy:	\$30.00 (Optional)
Certificate of Status:	\$5.00 (Optional)

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Healthcare Support Staffing, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

**Principal Office Address:**

**Mailing Address:**

101 Southhall Lane Suite 100  
Maitland, Florida 32751

Same

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Christopher Abel

Name

101 Southhall Lane Suite 100

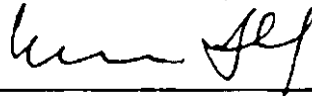
Florida street address (P.O. Box NOT acceptable)

Maitland FL 32751

City

Zip

*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 certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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STATE OF FLORIDA  
CORPORATION DIVISION  
TALLAHASSEE, FLORIDA  
SEP 19 11 51 AM '02

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

**Name and Address:**

DONALD BERNARD LANGMO

611 Dommerich Drive, Maidand, FL 32751

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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(Use attachment if necessary)

2011 FEB 13 10:05 AM  
STATE OF FLORIDA  
CORPORATION

**ARTICLE V: Other provisions, if any.**

\_\_\_\_\_  
\_\_\_\_\_

**REQUIRED SIGNATURE:**

  
\_\_\_\_\_

**Signature of a member or an authorized representative of a member**

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.

Donald Langmo

\_\_\_\_\_  
Typed or printed name of signee

**Filing Fees**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  
\$ 30.00 Certified Copy (Optional)      \$ 5.00 Certificate of Status (Optional)



**District of Columbia Government  
Corporations Division**

**Amendment of Foreign Registration Statement Form FN-2, Ver. 2, April 2018.**

Use this form to amend foreign registration statement.

The following changes are allowed: entity name, type, jurisdiction of formation and principal address.

ENTITY TYPE / AUTHORITY	FILING FEE
Foreign Filing Entity: § 29-105.04.	Refer to Corporate Fee Schedule posted online.

**Under the provisions of the Title 29 of D.C. Code (Business Organizations Act), the foreign filing entity listed below hereby applies for a Certificate of Amended Registration and for that purpose submits the statement below.**

1. Entity Name.

Healthcare Support Staffing, Inc.

2. Date of Issuance of Certificate of Foreign Registration.

11/08/2021

3. Describe the changes to the original foreign registration statement.

Healthcare Support Staffing, Inc. had converted and changed its name to Healthcare Support Staffing, I.L.C

4. Attach certified copy of the statement evidencing the change from Registration Authority in the State/Country of Incorporation that is not over 90 days old.

If you sign this form you agree that anyone who makes a false statement can be punished by criminal penalties of a fine up to \$1000, imprisonment up to 180 days, or both, under DCOC § 22-2405;

5. Name of the Governor or Authorized Person:

Joe Davis

5A. Signature of the Governor or Authorized Person.

**Mail all forms and required payment to:**

Department of Consumer and Regulatory Affairs  
Corporations Division  
PO Box 92300  
Washington, DC 20090  
Phone: (202) 442-4432

**Corporate Online Services Information:**

Many corporate filings are available by using CorpOnline Service.  
Go to CorpOnline site at <https://corponline.dcrd.dc.gov>, create the profile, access the online services main page and proceed.  
Online filers must pay by using the credit card.

# State of Florida



Department of State

I certify the attached is a true and correct copy of the Articles of Conversion, and Articles of Organization, filed on December 13, 2021, with an organizational date deemed effective January 1, 2003, for HEALTHCARE SUPPORT STAFFING, LLC, the resulting Florida Limited Liability Company, as shown by the records of this office.

The document number of this entity is L21000522884.



Given under my hand and the Great Seal of the State of Florida at Tallahassee, the Capital, this the Twenty-seventh day of May, 2022



Cord Byrd  
Secretary of State





State of Rhode Island  
**Department of State | Office of the Secretary of State**  
**Nellie M. Gorbea**, *Secretary of State*

I, NELLIE M. GORBEA, Secretary of State of the State of Rhode Island,  
hereby certify that this document, duly executed in accordance with the provisions  
of Title 7 of the General Laws of Rhode Island, as amended, has been filed in this  
office on this day:

June 01, 2022 01:26 PM

A handwritten signature in blue ink that reads "Nellie M. Gorbea".

Nellie M. Gorbea  
*Secretary of State*

