



**State of Rhode Island  
Office of the Secretary of State**

Fee: \$150.00

Division Of Business Services  
148 W. River Street  
Providence RI 02904-2615  
(401) 222-3040

**Foreign Limited Liability Company  
Application for Registration**

(Section 7-16-49 of the General Laws of Rhode Island, 1956, as amended)

**ARTICLE I**

The name of the limited liability company is: Advantis Medical Staffing, LLC

*Enter your name exactly as it appears in your state. If your name includes an entity ending other than LLC or Limited Liability Company, complete Article II. The elected name in RI must include the entity ending LLC or Limited Liability Company.*

Check if this company is organized in its state or country of formation as a low-profit limited liability company.

**ARTICLE II**

The name, if different, under which it proposes to register and transact business in Rhode Island is:

**ARTICLE III**

The Limited Liability Company is organized under the laws of: State: CA Country: USA

The date this Application for Registration is to become effective, not prior to, nor more than 90 days after the filing of this Application for Registration.

Later Effective Date:

**ARTICLE IV**

The date of its organization is: 4/11/2018

**ARTICLE V**

The period of its duration is:  Perpetual

**ARTICLE VI**

The address (post office box not acceptable) of the limited liability company's resident agent in Rhode Island:

No. and Street: 222 JEFFERSON BOULEVARD  
SUITE 200

City or Town: WARWICK

State: RI Zip: 02888

Name: CORPORATION SERVICE COMPANY

**3. The general character of business, and if the limited liability company is organized to render professional service, the service to be rendered:**

TEMPORARY HEALTHCARE PROVIDER STAFFING SERVICES

**ARTICLE VII**

The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following exercise of reasonable diligence.

**ARTICLE VIII**

The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized:

No. and Street: 13737 NOEL ROAD  
SUITE 900

City or Town: DALLAS State: TX Zip: 75240 Country: USA

**ARTICLE IX**

The mailing address for the limited liability company is:

No. and Street: 20 SUNNYSIDE AVE  
SUITE E

City or Town: MILL VALLEY State: CA Zip: 94941 Country: USA

**ARTICLE X**

The limited liability company is to be managed by its    Members or   X   Managers (check one)

(If managed by Members, go to ARTICLE XI)

The name and address of each manager (If LLC is managed by Members, DO NOT complete this section):

<b>Title</b>	<b>Individual Name</b> First, Middle, Last, Suffix	<b>Address</b> Address, City or Town, State, Zip Code, Country
MANAGER	JEFF KUSI-MENSAH	13737 NOEL ROAD DALLAS, TX 75240 USA
MANAGER	STEVEN BELCHER	13737 NOEL ROAD DALLAS, TX 75240 USA

*This electronic signature of the individual or individuals signing this instrument constitutes the affirmation or acknowledgement of the signatory, under penalties of perjury, that this instrument is that individual's act and deed or the act and deed of the company, and that the facts stated herein are true, as of the date of the electronic filing, in compliance with R.I. Gen. Laws § 7-16.*

**Signed this 21 Day of December, 2022 at 2:39:50 PM by the Authorized Person.**

**JEFF KUSI-MENSAH**

Form No. 450  
Revised 09/07

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# Secretary of State Certificate of Status

I, SHIRLEY N. WEBER, PH.D., California Secretary of State, hereby certify:

**Entity Name:** ADVANTIS MEDICAL STAFFING, LLC  
**Entity No.:** 201810110545  
**Registration Date:** 04/11/2018  
**Entity Type:** Limited Liability Company - CA  
**Formed In:** CALIFORNIA  
**Status:** Active

The above referenced entity is active on the Secretary of State's records and is authorized to exercise all its powers, rights and privileges in California.

This certificate relates to the status of the entity on the Secretary of State's records as of the date of this certificate and does not reflect documents that are pending review or other events that may impact status.

No information is available from this office regarding the financial condition, status of licenses, if any, business activities or practices of the entity.



**IN WITNESS WHEREOF**, I execute this certificate and affix the Great Seal of the State of California this day of December 06, 2022.

**SHIRLEY N. WEBER, PH.D.**  
**Secretary of State**

**Certificate No.:** 064190927

To verify the issuance of this Certificate, use the Certificate No. above with the Secretary of State Certification Verification Search available at [bizfileOnline.sos.ca.gov](http://bizfileOnline.sos.ca.gov).



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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:

December 21, 2022 02:35 PM

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

Nellie M. Gorbea  
*Secretary of State*

