



**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: AVON 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.*

**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: TN 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: 9/21/2017

**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: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON

State: RI Zip: 02806

Name: NORTHWEST REGISTERED AGENT LLC

**Article VII**

The purpose or purposes which it proposes to pursue in the transaction of business in Rhode Island are:

WE ARE A MEDICAL STAFFING AGENCY SPECIALIZED IN RECRUITMENT AND PLACEMENT

FIRM THAT CONNECTS HEALTHCARE FACILITIES WITH QUALIFIED MEDICAL PROFESSIONS.

WE SOURCE ,SCREEN AND MATCH HEALTHCARE PROFESSIONALS WITH TEMPORARY OR

PERMANENT POSITIONS IN HOSPITALS ,CLINICS ,NURSING HOMES AND OTHER HEALTHCARE SETTING

**ARTICLE VIII**

The Rhode Island Department 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 the exercise of reasonable diligence.

**ARTICLE IX**

The address of the 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: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

**ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 47 WOOD AVE

SUITE 2

City or Town: BARRINGTON

State: RI

Zip: 02806

Country: USA

**ARTICLE XI**

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

**\* If you checked to be managed by your MEMBERS (the owners) DO NOT complete the following section. Only complete the following section if you checked to be managed by MANAGERS.**

The name and address of each manager:

Title	Individual Name First, Middle, Last, Suffix	Address Address, City or Town, State, Zip Code, Country
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*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 29 Day of February, 2024 at 9:02:40 AM by the Authorized Person.**

NAT SMITH

Form No. 450  
Revised 09/07

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**Tre Hargett**  
Secretary of State

**Division of Business Services**  
**Department of State**  
State of Tennessee  
312 Rosa L. Parks AVE, 6th FL  
Nashville, TN 37243-1102

February 27, 2024

**KIT**  
116 AGNES RD STE 200  
KNOXVILLE, TN 37919

**Request Type: Certificate of Existence/Authorization**  
Request #: 0570759

Issuance Date: 02/27/2024  
Copies Requested: 1

**Document Receipt**

Receipt #: 008708116 Filing Fee: \$20.00  
Payment-Credit Card - State Payment Center - CC #: 3868475755 \$20.00

**Regarding: AVON STAFFING LLC**

Filing Type: Limited Liability Company - Domestic  
Formation/Qualification Date: 09/21/2017  
Status: Active  
Duration Term: Perpetual  
Business County: DAVIDSON COUNTY

Control #: 924125  
Date Formed: 09/21/2017  
Formation Locale: TENNESSEE  
Inactive Date:

**CERTIFICATE OF EXISTENCE**

I, Tre Hargett, Secretary of State of the State of Tennessee, do hereby certify that effective as of the issuance date noted above

**AVON STAFFING LLC**

- \* is a Limited Liability Company duly formed under the law of this State with a date of incorporation and duration as given above;
- \* has paid all fees, interest, taxes and penalties owed to this State (as reflected in the records of the Secretary of State and the Department of Revenue) which affect the existence/authorization of the business;
- \* has filed the most recent annual report required with this office;
- \* has appointed a registered agent and registered office in this State;
- \* has not filed Articles of Dissolution or Articles of Termination. A decree of judicial dissolution has not been filed.
- \* has indicated in its Articles of Organization (as amended if applicable) that it is a Series LLC.

Tre Hargett  
Secretary of State

Processed By: Cert Web User

**Verification #: 065946125**



State of Rhode Island  
**Department of State | Office of the Secretary of State**  
Gregg M. Amore, *Secretary of State*

I, GREGG M. AMORE, 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:

February 29, 2024 09:02 AM

A handwritten signature in black ink that reads "Gregg M. Amore".

Gregg M. Amore  
*Secretary of State*

