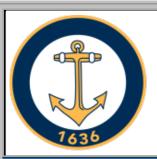
RI SOS Filing Number: 202450956810 Date: 4/12/2024 5:25:00 PM



# 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: Bluebird 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: PA 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:  $\frac{4/6/2017}{}$ 

### **ARTICLE V**

The period of its duration is: X 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. STE 2

City or Town: BARRINGTON State: RI Zip: 02806

Name: REGISTERED AGENTS INC

#### **Article VII**

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

## **HEALTHCARE STAFFING**

#### **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: 826 N. LEWIS RD. SUITE 800

City or Town: LIMERICK State: PA Zip: 19468 Country: USA

#### **ARTICLE X**

The mailing address for the limited liability company is:

No. and Street: 826 N. LEWIS RD. SUITE 800

City or Town: LIMERICK State: PA Zip: 19468 Country: USA

### **ARTICLE XI**

The limited liabilty company is to be managed by its X 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	Address
	First, Middle, Last, Suffix	Address, City or Town, State, Zip Code, Country

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 12 Day of April, 2024 at 5:26:10 PM by the Authorized Person.

STEVE KEANE

Form No. 450 Revised 09/07
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# **Pennsylvania Department of State**

Bureau of Corporations and Charitable Organizations PO Box 8722 | Harrisburg, PA 17105-8722 T:717-787-1057 dos.pa.gov/BusinessCharities

Regarding: Bluebird Staffing, LLC

Request Type: Subsistence Certificate Issuance Date: April 11, 2024

**Request No.:** 033953837 **File No.:** 0006538470

**Receipt No.:** 000999021

Filing Type: Domestic Limited Liability

Company

Filing Subtype: Limited Liability Company

Initial Filing Date: April 06, 2017

Status: Active

## TO ALL WHOM THESE PRESENTS SHALL COME, GREETING:

I DO HEREBY CERTIFY THAT

Bluebird Staffing, LLC

is currently subsisting on the records of the Department of State as of the issuance date herein.

I DO FURTHER CERTIFY THAT this Subsistence Certificate shall not imply that all fees, taxes and penalties owed to the Commonwealth of Pennsylvania are paid.



IN TESTIMONY WHEREOF, I have hereunto set my hand and caused the seal of my office to be affixed, the day and year above written

**Albert Schmidt** 

Secretary of the Commonwealth

Men Sehmi

Verify this certificate online at www.file.dos.pa.gov

RI SOS Filing Number: 202450956810 Date: 4/12/2024 5:25:00 PM



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:

April 12, 2024 05:25 PM

Gregg M. Amore Secretary of State

Tregs M. Coure

