



**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: Excel 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.

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: DE 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: 03/03/2025

ARTICLE IV

The date of its organization is: 11/21/2016

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

City or Town: WARWICK

State: RI Zip: 02888

Name: COGENCY GLOBAL INC.

Article VII

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

HEALTHCARE TEMPORARY SERVICES

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: 850 NEW BURTON ROAD
STE. 201

City or Town: DOVER

State: DE Zip: 19904 Country: USA

ARTICLE X

The mailing address for the limited liability company is:

No. and Street: 1031 LAVON DRIVE

City or Town: GRAPEVINE

State: TX Zip: 76051 Country: USA

ARTICLE XI

The limited liability company is to be managed by its ___ Members* or X 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
MANAGER	GABRIEL OWNER	1031 LAVON DRIVE GRAPEVINE, TX 76051 USA
MANAGER	KEVIN SELLERS	2104 IDLEWOOD DRIVE GRAPEVINE, TX 76051 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 3 Day of March, 2025 at 10:01:21 AM by the Authorized Person.

GABRIEL GRIESS

Form No. 450
Revised 09/07

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Delaware

The First State

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I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THAT "EXCEL MEDICAL STAFFING, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE NOT HAVING BEEN CANCELLED OR REVOKED SO FAR AS THE RECORDS OF THIS OFFICE SHOW AND IS DULY AUTHORIZED TO TRANSACT BUSINESS.

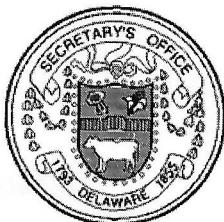
THE FOLLOWING DOCUMENTS HAVE BEEN FILED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016, AT 4:10 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2018, AT 10:57 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "EXCEL MEDICAL STAFFING, LLC".

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE BEEN PAID TO DATE.




Jeffrey W. Bullock, Secretary of State

6223675 8310

SR# 20250174841

You may verify this certificate online at corp.delaware.gov/authver.shtml

Authentication: 202727669

Date: 01-17-25

Delaware

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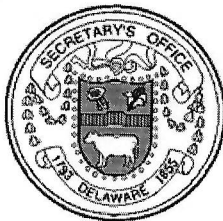
I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL DOCUMENTS ON FILE OF "EXCEL MEDICAL STAFFING, LLC" AS RECEIVED AND FILED IN THIS OFFICE.

THE FOLLOWING DOCUMENTS HAVE BEEN CERTIFIED:

CERTIFICATE OF FORMATION, FILED THE TWENTY-FIRST DAY OF NOVEMBER, A.D. 2016, AT 4:10 O`CLOCK P.M.

CERTIFICATE OF CHANGE OF REGISTERED AGENT, FILED THE TWENTY-THIRD DAY OF OCTOBER, A.D. 2018, AT 10:57 O`CLOCK A.M.

AND I DO HEREBY FURTHER CERTIFY THAT THE AFORESAID CERTIFICATES ARE THE ONLY CERTIFICATES ON RECORD OF THE AFORESAID LIMITED LIABILITY COMPANY, "EXCEL MEDICAL STAFFING, LLC".




Jeffrey W. Bullock, Secretary of State

6223675 8100H
SR# 20250174841

You may verify this certificate online at corp.delaware.gov/authver.shtml

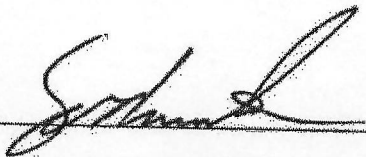
Authentication: 202727688
Date: 01-17-25

CERTIFICATE OF FORMATION

OF
Excel Medical Staffing, LLC

1. The name of the limited liability company is Excel Medical Staffing, LLC.
2. The address of its registered office in the State of Delaware is:
160 Greentree Drive, Suite 101, Dover, De 19904. The name of its
registered agent at such address is National Registered Agents, Inc.

IN WITNESS WHEREOF, the undersigned have executed this Certificate
of Formation of Excel Medical Staffing, LLC this 11th day of
November, 2016



Scott Martindale

Authorized Person

STATE OF DELAWARE
CERTIFICATE OF AMENDMENT CHANGING ONLY THE
REGISTERED OFFICE OR REGISTERED AGENT OF A
LIMITED LIABILITY COMPANY

The limited liability company organized and existing under the Limited Liability Company Act of the State of Delaware, hereby certifies as follows:

1. The name of the limited liability company is EXCEL MEDICAL STAFFING, LLC
2. The Registered Office of the limited liability company in the State of Delaware is changed to 850 NEW BURTON RD, STE. 201
(street), in the City of DOVER
Zip Code 19904. The name of the Registered Agent at such address upon whom process against this limited liability company may be served is COGENCY GLOBAL INC

State of Delaware
Secretary of State
Division of Corporations
Delivered 10:57 AM 10/23/2018
FILED 10:57 AM 10/23/2018

SR 20187268756 - File Number 6223675

By: 

Authorized Person

Name: GABRIEL GRIESS

Print or Type



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:

March 03, 2025 10:00 AM

A handwritten signature in black ink, reading "Gregg M. Amore". The signature is written in a cursive style.

Gregg M. Amore
Secretary of State

