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FORSYTH CO, NC FEE \$26.00
PRESENTED & RECORDED

04-18-2022 03:55:10 PM

LYNNE JOHNSON
REGISTER OF DEEDS
BY: MARIA V. HANG-MORALES, DPTY

BK: RE 3689

PG: 392-392

ASSUMED BUSINESS NAME CERTIFICATE (NCGS §66-71.5)*Please print legibly.*

1. The assumed business name is:
XCELLENT STAFFING

(You may include no more than five (5) assumed business names on this form.)

2. The real name of the person or entity engaging in business under the assumed business name is:
XCELLENTING LLC
SosId: 2387953

(Corporations, LLC's, limited partnerships must provide the exact name registered with the NC Secretary of State's office and the SOSID number assigned at the time of formation. Go to www.sosnc.gov/br/search to look up your information.)

3. The nature/type of the business is: To staff my employees in facilities that are in need of help. Facilities such as home health care & nursing homes.
4. The street address of the principal place of business is: (PO Boxes are not acceptable)
1111 Springhorn Dr Apt A, Kernersville, NC 27284
5. The mailing address, if different from the street address, is:
6. The counties where the assumed business name will be used to engage in business are:
☒ All 100 North Carolina counties

This certificate is signed by the owner/legal representative of the person or entity named above,
this 12 day of APRIL, 2022.

Signature: _____

*Sierra Weatherington*Printed/Typed Name: Sierra WeatheringtonTitle: Member

(See instructions for who must sign for various business entity types.)

Assumed Business Name Certificate

10.03.17

ew mail: IncFile LLC, 17350 State Hwy 249, Houston, TX

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