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TALLAHASSEE, FLORIDA

J. BRYAN JUN 22 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Nursing Services, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida", "Certificate of Existence", and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

John Langer
(Name of Person)
Nationwide Nursing Services, Inc.
(Firm/Company)
3737 N. 7th St Suite #159
(Address)
PHX, AZ 85014
(City/State and Zip code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

John Langer at (602) 795 8444
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Nationwide Nursing Services Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")
NNS Nursing Services, INC
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
2. Arizona 3. 86 1022797
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. MARCH 14, 2001 5. perpetual
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. upon qualification
(Date first transacted business in Florida. If corporation has not transacted business in Florida, insert "upon qualification.")
(SEE SECTIONS 607.1501, 607.1502 and 817.155, F.S.)
7. 3737 N. 7th St Suite # 159 PHY, AZ 85014
(Principal office address)
SAME AS ABOVE
(Current mailing address)
8. Contracting of Nursing Care
(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)
9. Name and street address of Florida registered agent: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: CORP. Direct Agents, Inc.
Office Address: 103 W. Meridian Street, 4th Level
Tallahassee, Florida 32301
(City) (Zip code)

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Ed Lary

Ed Lary (Registered agent's signature), Asst. Secretary

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Larry Hinrichs

Address: 3737 N. 7th St # 159
PHX, AZ 85014

Vice Chairman: John Langer

Address: 3737 N. 7th St # 159
PHX, AZ 85014

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: LARRY Hinrichs, II CEO

Address: 3737 N. 7th St Suite # 159
PHX, AZ 85014

Vice President: John Langer CDO

Address: 3737 N. 7th St Suite # 159
PHX, AZ 85014

Secretary: MARY Hinrichs CFO

Address: 3737 N. 7th St Suite # 159 PHX, AZ 85014

Treasurer: Same as Secretary

Address: _____

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. _____

John Langer C.O.O.

(Typed or printed name and capacity of person signing application)

STATE OF ARIZONA



Office of the CORPORATION COMMISSION

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CERTIFICATE OF GOOD STANDING

To all to whom these presents shall come, greeting:

I, Brian C. McNeil, Executive Secretary of the Arizona Corporation Commission, do hereby certify that

*****NATIONWIDE NURSING SERVICES, INC.*****

a domestic corporation organized under the laws of the State of Arizona, did incorporate on March 14, 2001.

I further certify that according to the records of the Arizona Corporation Commission, as of the date set forth hereunder, the said corporation is not administratively dissolved for failure to comply with the provisions of the Arizona Business Corporation Act; that its most recent Annual Report, subject to the provisions of A.R.S. sections 10-122, 10-123, 10-125 & 10-1622, has been delivered to the Arizona Corporation Commission for filing; and that the said corporation has not filed Articles of Dissolution as of the date of this certificate.

This certificate relates only to the legal existence of the above named entity as of the date issued. This certificate is not to be construed as an endorsement, recommendation, or notice of approval of the entity's condition or business activities and practices.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed the official seal of the Arizona Corporation Commission. Done at Phoenix, the Capital, this 25th Day of May, 2004, A. D.



[Signature]
Executive Secretary

By *[Signature]*