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DATE:

05-10-2012

NAME:

S&S NURSING UNLIMITED, INC

TYPE OF FILING:

APPLICATION BY FOREIGN CORPORATION TO

TRANSACT BUSINESS IN FLORIDA

COST:

\$87.50

**RETURN:** 

**CERTIFIED COPY & CERTIFICATE OF STATUS** 

ACCOUNT: FCA00000015

**AUTHORIZATION:** 

### **COVER LETTER**

TO: New Filing Section Division of Corporations							
SUBJECT: S&S Nursing Unlimited, 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," or "Certificate of Good Standing" 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:							
Capitol Services Corporate Filings Team							
Name of Person							
Capitol Services, Inc.							
Firm/Company							
800 Brazos, Suite 400							
Austin, TX 78701							
City/State and Zip code							
fswiger@buildbusiness.com							
E-mail address: (to be used for <u>future annual report notification</u> )							
For further information concerning this matter, please call:  entered here will be							
Dawn Cardenas at (800 ) 345-4647 Outlined for future ANNUAL REPORT							
Name of Person Area Code & Daytime Telephone Number NOTIFICATIONSII							
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301  MAILING ADDRESS: New Filing 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 & Certified Copy \$87.50 Filing Fee, Certified Copy 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.

9. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 155 Office Plaza Dr Ste A	1. S&S Nursing		MOOD DOD ATTEN	I KOO MANU II KOODDODATIONI II			
2. Texas (State or country under the law of which it is incorporated)  4. April 30, 2012 (Date of incorporation)  5. Perpetual (Duration: Year corp. will cease to exist or "perpetual")  6. (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine pensity liability)  7. 1019 Ivy Wall Dr., Houston, TX 77079 (Principal office address) 18405 N.W. 2nd Avenue, Miami Gardens, Florida 33169 (Current malling address)  8. Nursing, healthcare and emergency medical personnel training and certification (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)  9. Name and atreet address of Florida registered agent: (P.O. Box NOT acceptable)  Name: Capitol Corporate Services, Inc.  Office Address: 155 Office Plaza Dr Ste A  Tallahassee  (City)  (City)  Total 32301 (City)  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				"COMPANY," "CORPORATION,"			
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further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties,	designated in this	application, I hereby acc	ept the appointm	ent as registered agent and agree to	act in this capacity	, I	

Gayle Windle, Assistant Secretary on behalf of Capitol Corporate Services, inc.

and I am familiar with and accept the obligations of my position as registered agent.

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: James P. Shanahan Address: 1019 Ivy Wall Dr., Houston, TX 77079 vice Chairman: Michael Shanahan Address: 3926 Wildwood Valley Court, Kingwood, TX 77345 Director: Michael Shanahan Address: 3926 Wildwood Valley Court, Kingwood, TX 77345 Director: Frank J. Swiger Address: 30101 Bonnie View Dr., Wickliffe, OH 44092-1185 B. OFFICERS President: Frank J. Swiger Address: 30101 Bonnie View Dr., Wickliffe, OH 44092-1185 Vice President: Michael Shanahan Address: 3926 Wildwood Valley Court, Kingwood, TX 77345 Secretary: Michael Shanahan Address: 3926 Wildwood Valley Court, Kingwood, TX 77345 Treasurer; Michael Shanahan Address: 3926 Wildwood Valley Court, Kingwood, TX 77345 NOTE: If necessary, you may attack an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S. 14. Frank J. Swiger, President

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

3 1

Corporations Section P.O.Box 13697 Austin, Texas 78711-3697



Hope Andrade Secretary of State

## Office of the Secretary of State

#### **Certificate of Fact**

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Certificate of Formation for S&S Nursing Unlimited, Inc. (file number 801589469), a Domestic For-Profit Corporation, was filed in this office on April 30, 2012.

It is further certified that the entity status in Texas is in existence.

SECUL HARY OF STATE

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on May 10, 2012.



Hope Andrade Secretary of State