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(Requestor's Name)

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(Address)

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(Address)

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(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

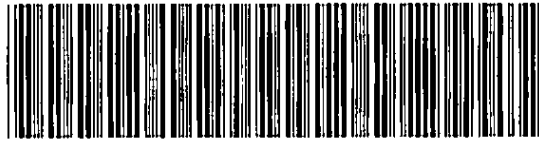
\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

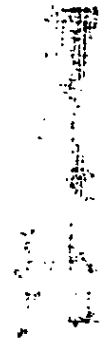
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COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: NurseNow Ltd. (an Ohio LLC)  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Don M. Schiewer, Jr., COO  
Name of Person  
NurseNow Ltd.  
Firm/Company  
135 Amherst Drive  
Address  
Toledo, OH 43614  
City/State and Zip Code  
Don@nursenowstaffing.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Don Schiewer at (540) 750-6052  
Name of Contact Person Area Code Daytime Telephone Number

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

Street Address:  
Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

Enclosed is a check for the following amount:  
Please make check payable to: FLORIDA DEPARTMENT OF STATE  
 \$125.00 Filing Fee     \$130.00 Filing Fee & Certificate of Status     \$155.00 Filing Fee & Certified Copy     \$160.00 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

1. NurseNow Ltd.
(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "L.L.C.," or "LLC.")

NurseNow Staffing LLC

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Ohio 3. 85-2359479
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. 12/01/2020
(Date first transacted business in Florida, if prior to registration)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 644 Dussel Drive P.O. Box 886
(Street Address of Principal Office) (Mailing Address)
Maumee, OH 43537-2412 Westfield, IN 46074-0886

7. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Registered Agents, Inc.
Office Address: 7901 4th St. N, Suite 300
St. Petersburg, Florida 33702
(City) (Zip code)

21 MAR -5 AM 9:22
FILED

Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated limited liability company 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.

[Signature]
(Registered agent's signature)

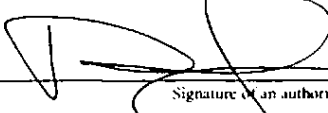
8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

<u>Title or Capacity:</u>	<u>Name and Address:</u>	<u>Title or Capacity:</u>	<u>Name and Address:</u>
<input checked="" type="checkbox"/> Manager	Name: <u>David Kissinger, CEO</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Seth Hinshaw, Controller</u>
<input checked="" type="checkbox"/> Member	Address: <u>644 Dussel Drive</u>	<input checked="" type="checkbox"/> Member	Address: <u>20737 Anthony Road</u>
<input type="checkbox"/> Authorized Person	<u>Maumee, OH 43537</u>	<input type="checkbox"/> Authorized Person	<u>Noblesville, IN 46062</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Lisa Comingore, CPO</u>	<input type="checkbox"/> Manager	Name: <u>Don M. Schiewer, Jr., COO</u>
<input checked="" type="checkbox"/> Member	Address: <u>4423 Eagle Creek Pkwy. #102</u>	<input type="checkbox"/> Member	Address: <u>135 Amherst Drive</u>
<input type="checkbox"/> Authorized Person	<u>Indianapolis, IN 46254</u>	<input checked="" type="checkbox"/> Authorized Person	<u>Toledo, OH 43614</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____
<input checked="" type="checkbox"/> Manager	Name: <u>Vishal Verma</u>	<input checked="" type="checkbox"/> Manager	Name: <u>Parker Hinshaw</u>
<input checked="" type="checkbox"/> Member	Address: <u>5004 Del Mar Mesa Road</u>	<input checked="" type="checkbox"/> Member	Address: <u>400 W. Ocean View Drive</u>
<input type="checkbox"/> Authorized Person	<u>San Diego, CA 92130</u>	<input type="checkbox"/> Authorized Person	<u>Del Mar, CA 92014</u>
<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____	<input type="checkbox"/> Other _____

Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

  
 \_\_\_\_\_  
 Signature of an authorized person  
 Donald M. Shiewer, Jr., COO  
 \_\_\_\_\_  
 Typed or printed name of signee

UNITED STATES OF AMERICA  
STATE OF OHIO  
OFFICE OF THE SECRETARY OF STATE

*I, Frank LaRose, do hereby certify that I am the duly elected, qualified and present acting Secretary of State for the State of Ohio, and as such have custody of the records of Ohio and Foreign business entities; that said records show NURSENOW LTD., an Ohio For Profit Limited Liability Company, Registration Number 4517920, was organized within the State of Ohio on August 2, 2020, is currently in FULL FORCE AND EFFECT upon the records of this office.*



*Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 25th day of February, A.D. 2021.*

*Frank LaRose*

Ohio Secretary of State

Validation Number: 202105603342