

F01000002445

TRANSMITTAL LETTER

TO: Qualification/Registration Section
Division of Corporations

SUBJECT: Dependable Nursing Services Inc.
(Name of Corporation)

FILED
01 MAY -7 PM 1:52
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Dear Sir or Madam:

The enclosed "Application by Foreign Not for Profit Corporation for Authorization to Conduct its Affairs in Florida", "Certificate of Existence", and check are submitted to register the above referenced not for profit corporation to conducts its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Bertha Leverette

(Name of Person)

Dependable Nursing Services Inc.

(Firm/Company)

2332 Ginger Mill Blvd.

(Address)

Orlando, Florida 32837

(City, State and Zip Code)

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*****87.50 *****87.50

For further information concerning this matter, please call:

Bertha Leverette
(Name of Person)

at (407) 854 - 1954
Area Code & Daytime Telephone Number

STREET ADDRESS:

Qualification/Tax Lien Section
Division of Corporations
409 E. Gaines St.
Tallahassee, FL 32399

MAILING ADDRESS:

Qualification/Tax Lien 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 NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN FLORIDA**

**IN COMPLIANCE WITH SECTION 617.1503, FLORIDA STATUTES, THE FOLLOWING IS
SUBMITTED TO REGISTER A FOREIGN NOT FOR PROFIT CORPORATION FOR
AUTHORIZATION TO CONDUCT ITS AFFAIRS IN THE STATE OF FLORIDA:**

1. Dependable Nursing Services Inc.

(Name of corporation: must include the word "INCORPORATED" or "CORPORATION" or words or abbreviations of like import in language as will clearly indicate that it is a corporation instead of a natural person or partnership if not so contained in the name at present. "Company" or "Co." may not be used as a corporate suffix by a nonprofit corporation.)

2. North Carolina, Grandville

(State or country under the law of which it is incorporated)

3. FEI No. Sr 56-1459603

(FEI number, if applicable)

4. November 22, 1988

(Date of Incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. May 15, 2001

(Date corporation first conducted Affairs in Florida -
See sections 617.1501, 617.1502, and 817.155, F.S.)

7. 2332 Ginger Mill Blvd.

Orlando, Florida 32837

(Current mailing address)

8. Nursing Services And Health & Nutrition

(Purpose(s) of corporation authorized in home state or country to be carried out in the state of Florida)

9. **Name and street address of Florida registered agent:**

Elder Arthur L. Bailey Sr.

(Name)

1765 28 th. Street South

(Office address)

St. Petersburg, Florida, 33712

(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.

Arthur L. Bailey

(Registered agent's signature)

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SECRETARY OF STATE

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 addresses of officers and/or directors: (Street address only- P. O. Box NOT acceptable)

A. DIRECTORS (Street address only- P. O. Box NOT acceptable)

Chairman: Bertha Leverette

Address: 2332 Ginger Mill Blvd.

Orlando, Florida 32837

Vice Chairman: Emelyne Meo

Address: 1819 Kanave Drive

Orlando, Fl. 32810

Director: Jackie Jordon

Address: 7575 Minippi Dr.

Orlando, Fl. 32818

Director: Kathy Sam

Address: 3336 Nipinicket, St.

Orlando, Florida 32818

B. OFFICERS (Street address only- P. O. Box NOT acceptable)

President: Bertha Leverette

Address: 2332 Ginger Mill Blvd.

Orlando, Florida 32837

Vice President: Emelyne Meo

Address: 1819 Kn. Ave., Dr.

Orlando, Florida 32810

Secretary: Kathy Sam

Address: 3336 Nipinicket St. Orlando, Florida 32818

Treasurer: Elder Arthur L. Bailey Sr.

Address: 1765 28th. Street, South St. Petersburg, Fl. 33712

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

13.

Bertha O. Leverette

(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

Bertha Leverette

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

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NORTH CAROLINA

Department of The Secretary of State

CERTIFICATE OF EXISTENCE (NONPROFIT)

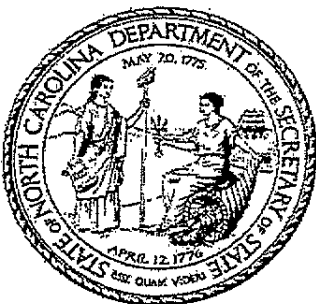
I, **ELAINE F. MARSHALL**, Secretary of State of the State of North Carolina, do hereby certify that

DEPENDABLE NURSING SERVICES, INC.

is a corporation duly incorporated under the laws of the State of North Carolina, having been incorporated on the 22nd day of November, 1988, with its period of duration being perpetual.

I **FURTHER** certify that the said corporation's articles of incorporation are not suspended for failure to comply with the Revenue Act of the State of North Carolina; that the said corporation is not administratively dissolved for failure to comply with the provisions of the North Carolina Nonprofit Corporation Act; and that the said corporation has not filed articles of dissolution as of the date of this certificate.

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SECRETARY OF STATE
WELLS SEC., FLORENCE



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 26th day of February, 2001.

Elaine F. Marshall

Secretary of State