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03 APR 24 PM 12:11

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: DEPENDABLE NURSING SERVICE, INC.
(Name of Corporation - must include suffix)

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 conduct its affairs in Florida.

Please return all correspondence concerning this matter to the following:

Bertha O. Leverette

(Name of Person)

DEPENDABLE NURSING SERVICE, INC.

(Firm/Company)

P.O. Box 452785

(Address)

KLSSIMMEE, FLORIDA 34745

(City/State and Zip Code)

For further information concerning this matter, please call:

Bertha O. Leverette

(Name of Person)

at (407) 927 1980 or 407 251 7092

(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 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:

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DIVISION OF CORPORATIONS
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1. **DEPENDABLE NURSING SERVICE, 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, GRANVILLE**
(State or country under the law of which it is incorporated)
3. **FEI No. S R 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 617.155, F.S.)
Formerly filed as Fol000002445
7. **2332 GINGER MILL BLVD.**
(Principal office address)
ORLANDO, FLORIDA 32837
(Current mailing address)
8. **NURSING SERVICES, AND HEALTH & Nutrition consultant**
(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: (P.O. Box or Mail Drop Box **NOT** acceptable)
Name: **BERTHA O. LEVERETTE**
Office Address: **2332 GINGER MILL BLVD.**
ORLANDO, Florida **32837**
(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.

(Registered agent's signature)
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:

A. DIRECTORS

Chairman: BERTHA LEVERETTE

Address: 2332 GINGER MILL BLVD.

ORLANDO, FLORIDA 32837

Vice Chairman: EMELYNE MEO

Address: 1819 knave drive

Orlando, Florida 32810

Director: JACKIE JORDON

Address: 7575 MINIPPI DRIVE

ORLANDO, FLORIDA 32818

Director: KATHY SAMS

Address: 3336 NIPINICKET STREET

ORLANDO, FLORIDA 32818

B. OFFICERS

President: BERTHA LEVERETTE

Address: 2332 GINGER MILL BLVD.

ORLANDO, FLORIDA 32837

Vice President: EMELYNE MEO

Address: 1819 knave drive

Orlando, Florida 32810

Secretary: JACKIE JORDON

Address: 7575 MINIPPI DRIVE , ORLANDO, FL. 32818

KATHY SAMS

Treasurer: ORLANDO, FLORIDA 32818

Address: 3336 NIPINICKET STREET , ORLANDO, FL. 32818

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

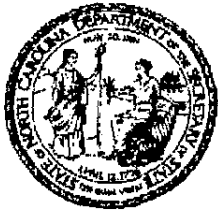
13. *Bertha O. Leverette*

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

14. BERTHA LEVERETTE

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

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
03 APR 24 PM 12:11



State of North Carolina

Department of The Secretary of State

FILED
DEPARTMENT OF STATE
DIVISION OF REGISTRATIONS
APR 12 2003

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.



IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal at the City of Raleigh, this 4th day of April, 2003.

Elaine F. Marshall

Secretary of State