

# F030000004118

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(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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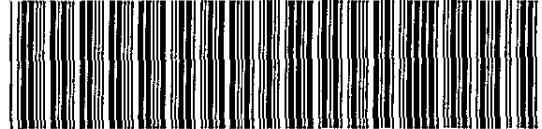
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Acknowledgement

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Preparer

DCC



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07/18/03--01046 --017 \*\*78.75

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03 AUG 18 AM 8:00

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name not Available  
Certified 894-20769  
and  
203-14959



**Insurance Licensing Services**

111 N. Railroad Street  
Groesbeck, TX 76642

Date 15 July 2003

File # 568

To:

Registration Section

Division of Corporations

P.O. Box 6327

Tallahassee FL 32314

Dear Sir/Madam:

This transmittal is for filing the following document(s) on behalf of Creative Healthcare Solutions, Inc.-



**Application by Foreign Corporation for Authorization to Transact Business  
in Florida**



**Please provide one (1) certified copy**

**Enclosed are:**



Submission Cover Sheet



Application form(s)



Certificate of Good Standing



Articles of Incorporation



copy of e-mail indicating availability of name



Check for \$78.75 **Check # 17834**



Check for \_\_\_\_\_

Please return all filed copied document(s) etc to:

**Insurance Licensing Services of America, Inc.**

**Attn: Tony Allen**

**111 N. Railroad**

**Groesbeck, TX 76642**

For any questions regarding this submittal, please contact :

Tony Allen

(254) 729-5670 ext. 225

(254) 729-8069

tallen@licensing4insurance.com

Telephone

Fax

E-Mail

FILED  
03 AUG 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**Insurance Licensing Services**

111 N. Railroad Street  
Groesbeck, TX 76642

Date 8/11/2003

File # 568

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Certificate of Good Standing



Articles of Incorporation



Resolution of Board of Directors



Florida Dept of State Letter dated July 23 2003



Check for \_\_\_\_\_ Check # \_\_\_\_\_



Check for \_\_\_\_\_

**Please return all filed copied document(s) etc to:**

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Telephone

Fax

E-Mail

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** CREATIVE HEALTHCARE SOLUTIONS, 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:

Tony Allen  
(Name of Person)  
Insurance Licensing Services of America, Inc.  
(Firm/Company)  
111 N. Railroad  
(Address)  
Groesbeck Texas 76642  
(City/State and Zip code)

For further information concerning this matter, please call:

Tony Allen at ( 254 ) 729-8002  
(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

FILED  
3 AUG 18 PM 3:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

July 23, 2003

TONY ALLEN  
INSURANCE LICENSING SERVICES OF AMERICA,  
111 N. RAILROAD  
GROESBECK, TX 76642

SUBJECT: CREATIVE HEALTHCARE SOLUTIONS, INC.  
Ref. Number: W03000020951

We have received your document for CREATIVE HEALTHCARE SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the document has not been filed and is being retained in this office for the following:

The name designated in your document is not available. Therefore, the corporation must adopt an alternate name for use in the state of Florida. To adopt an alternate name the corporation must submit a corporate resolution by the board of directors adopting the alternate name for use in the state of Florida. Please note the corporate resolution must be signed by the chairman, vice chairman, or an officer of the corporation. The alternate name must contain a corporate suffix. Such suffixes include: Corporation, Corp., Incorporated, Inc., Company, and CO.

Please RETURN ALL DOCUMENTATION to the ATTENTION of the DOCUMENT SPECIALIST indicated.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6913.

Diane Cushing  
Document Specialist

Letter Number: 203A00042931

## RESOLUTION OF BOARD OF DIRECTORS

(Please print or type)

I, the undersigned Jon Browning, do hereby certify  
(Name)

that this Resolution of the Board of Directors of \_\_\_\_\_

CREATIVE HEALTHCARE SOLUTIONS, INC.

(Corporate Name)

a corporation duly organized and existing under the laws of the State of Mississippi

was duly adopted on August 7, 2003.

Be it resolved, that CREATIVE HEALTHCARE SOLUTIONS, INC.,  
(Corporate Name)

organized and existing in the State of Mississippi, hereby adopts the name

C H Solutions, Inc. for use in Florida.

Dated: 8/7/03

Jon Browning V.P., Sec Treasurer  
Signature of either Chairman, Vice Chairman or any officer

Jon Browning  
Type or print name

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
03 AUG 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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. Creative Healthcare Solutions, Inc.  
(Name of corporation; must include the word "INCORPORATED", "COMPANY", "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.)
2. Mississippi 3. 72-1391658  
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 4/30/1997 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. 3780 I-55 North, Jackson, MS 39211  
(Principal office address)
- Post Office Box 188, Jackson, MS 39205-0188  
(Current mailing address)

8. Third Party Administrator-exclusive collection agent fro Mutual of Omaha  
(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: Corporation Services Company

Office Address: 1201 Hays Street

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.*

Corporation Service Company

Vera Norris Vera Norris  
(Registered agent's signature) Authorized Representative

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: Curtis Larry Vance

Address: 3780 I-55 North, Jackson, MS 39211

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Jon L. Browning

Address: 3780 I-55 North, Jackson, MS 39211

Director: William E. Kinchen

Address: 3780 I-55 North, Jackson, MS 39211

RECEIVED  
031 AUG 18 AM 8:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**B. OFFICERS**

President: Curtis Larry Vance

Address: 3780 I-55 North, Jackson, MS 39211

Vice President: William H. Mathison

Address: 3780 I-55 North, Jackson, MS 39211

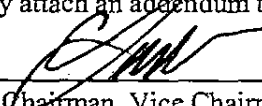
Secretary: Jon L. Browning

Address: 3780 I-55 North, Jackson, MS 39211

Treasurer: Jon L. Browning

Address: 3780 I-55 North, Jackson, MS 39211

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

13.   
(Signature of Chairman, Vice Chairman, or any officer listed in number 12 of the application)

14. Curtis Larry Vance President  
(Typed or printed name and capacity of person signing application)



**Officer and Director Rider for Creative Healthcare Solutions, Inc.**

Name: Diane L. Moore  
Title: VP/Director

Address: 3780 I-55 North  
City: Jackson State; MS Zip 39211

Name: Ronald W. Myrick  
Title: Exec VP/Director

Address: 3780 I-55 North  
City: Jackson State; MS Zip 39211

Name: Michael W. Edge  
Title: VP/Director

Address: 3780 I-55 North  
City: Jackson State; MS Zip 39211

Name: Peggy M. Hemphill  
Title: VP/Director

Address: 3780 I-55 North  
City: Jackson State; MS Zip 39211

# State of Mississippi

## Office of the Secretary of State

Eric Clark, Secretary of State  
Jackson, Mississippi

### CERTIFICATE OF EXISTENCE / AUTHORITY

I, ERIC CLARK, Secretary of State of the State of Mississippi, and as such, the legal custodian of the corporate records, required by the laws of Mississippi, to be filed in my office, do hereby certify:

That on April 30, 1997, the State of Mississippi issued a Charter / Certificate of Authority to:

CREATIVE HEALTHCARE SOLUTIONS, INC.

That the state of incorporation is MISSISSIPPI.

That the period of duration is perpetual.

That according to the records of this office, Articles of Dissolution or a Certificate of Withdrawal have not been filed.

That according to the records of this office, a current Annual Report has been delivered to the Office of the Secretary of State.

I further certify that all fees, taxes and penalties owed to this state, as reflected in the records of the Secretary of State, have been paid and that the corporation is in existence or has authority to transact business in Mississippi.



Given under my hand  
and seal of office  
July 7, 2003

A handwritten signature in cursive script that reads "Eric Clark".

ERIC CLARK  
Secretary of State

FILED  
03 AUG 18 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA