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(Address)

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(City/State/Zip/Phone #)

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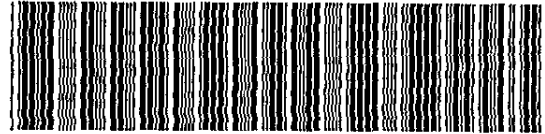
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
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N. Culligan AUG 4 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Nationwide Evaluation Services, 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:

Ms. Sharena Davis
(Name of Person)

Nationwide Evaluation Service, Inc
(Firm/Company)

20451 N.W. 2nd Avenue Suite 120
(Address)

Miami FL, 33169
(City/State and Zip code)

For further information concerning this matter, please call:

Ms. Sharena Davis at (305) 493-1212
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

July 22, 2005

SHARENA DAVIS
20451 N.W. 2ND AVENUE
SUITE 120
MIAMI, FL 33169

SUBJECT: NATIONWIDE EVALUATION SERVICES, INC.
Ref. Number: W05000035031

We have received your document for NATIONWIDE EVALUATION SERVICES, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must be signed by the chairman, any vice chairman of the board of directors, its president, or another of its officers.

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) 245-6067.

Neysa Culligan
Document Specialist

Letter Number: 205A00048169

**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. Nationwide Evaluation Services, Inc
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. NEW YORK 3. 20- 1022478
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 04/21/2004 5. Perpetual
(Date of incorporation) (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 penalty liability)

7. 20451 NW 2nd Avenue Suite 120 Miami FL 33169
(Principal office address)
20451 NW 2nd Avenue Suite 120 Miami FL 33169
(Current mailing address)

8. Independent Medical Examinations
(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 NOT acceptable)

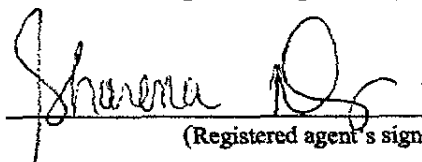
Name: Sharena Davis

Office Address: 20451 N.W 2nd Suite 120

Miami, Florida 33169
(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 business addresses of officers and/or directors: Nationwide Evaluation Services, Inc
17 Saeth Cottage Street Valley Stream NY 11580

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A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Ms. Sharena Davis

Address: 20451 NW 2nd Suite 120 Miami FL 33169

Vice President: Mr. Jeffery Ritholtz

Address: 7 South Cottage

Valley Stream NY 11580

Secretary: _____

Address: _____

Treasurer: _____

Address: _____

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

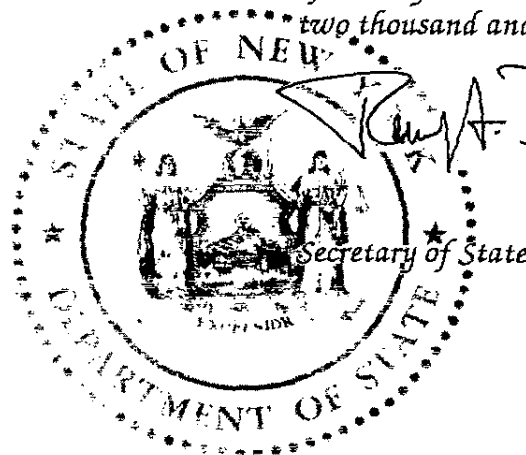
13. Sharena Davis President / Director of Marketing
(Signature of Director or Officer listed in number 12 of the application)

14. Ms. Sharena Davis President / Director of Marketing
(Typed or printed name and capacity of person signing application)

State of New York | **ss:**
Department of State

I hereby certify, that the Certificate of Incorporation of NATIONWIDE EVALUATION SERVICES, INC. was filed on 04/09/2004, with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

Witness my hand and the official seal
of the Department of State at the City
of Albany, this 11th day of July
two thousand and five.



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