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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

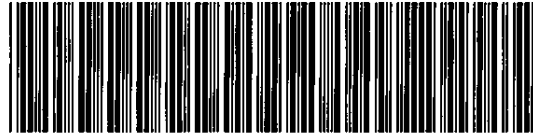
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN -6 PM 1:50

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W06-22632
W06-18089

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POST OFFICE BOX 1831
PENSACOLA, FLORIDA 32591-1831

April 13, 2006

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: Qualification of Foreign Corporation to do business in Florida

Dear Ladies and Gentlemen:

Please find enclosed the Application for Authorization to Transact Business in Florida for Plastic Surgical Nursing Certification Board, Inc., a New Jersey non-profit corporation, and the Registered Agent Designation contained therein. A Certificate of Good Standing from the New Jersey Secretary of State accompanies the application, as well as our check in the amount of \$70 for the filing fee.

Please let me know if you should require anything further to process this request. Thank you for your assistance.

Sincerely,

SHELL, FLEMING, DAVIS & MENGE


Matthew C. Hoffman

Enclosures
cc: Belinda E. Puetz

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06 JUN -6 PM 1:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**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. Plastic Surgical Nursing Certification Board, 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. New Jersey 3. 20-4659398
(State or country under the law of which it is incorporated) (FEI number, if applicable)
4. 03/13/1989 5. Perpetual
(Date of Incorporation) (Duration: Year corp. will cease to exist or "perpetual")
6. N/A
(Date first conducted affairs in Florida if prior to registration. See sections 617.1501 & 617.1502, F.S., to determine penalty liability.)
7. 7794 Grow Drive, Pensacola, Florida 32514
(Principal office address)
- 7794 Grow Drive, Pensacola, Florida 32514
(Current mailing address)

8. See Exhibit A attached hereto and made a part hereof.
(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 **NOT** acceptable)

Name: Belinda Puetz

Office Address: 7794 Grow Drive

Pensacola, Florida 32514
(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.

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TALLAHASSEE, FLORIDA

12. Names and addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: _____

Address: _____

Director: _____

Address: _____

B. OFFICERS

President: Claudette J. Heddens

Address: 225 Tartan Drive

North Liberty, IA 52317

Vice President: _____

Address: _____

Secretary: Sue Kunz

Address: 5134 N. Elkhart Avenue, Whitefish Bay, Wisconsin 53217

Treasurer: Darlene Jumpp

Address: 4303 Green Pine Court, Louisville, Kentucky 40220

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

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

14. Claudette J Heddens ARNP - President PSNCB, INC
(Typed or printed name and capacity of person signing application)

FILED
06 JUN '66 PM 1:51
TALLAHASSEE, FLORIDA

STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PLASTIC SURGICAL NURSING CERTIFICATION BOARD, INC.
0100410973

*I, the Treasurer of the State of New Jersey, do
hereby certify that the above-named
New Jersey Non Profit Corporation was
registered by this office on March 13, 1989.*

*As of the date of this certificate, said business
continues as an active business in good standing
in the State of New Jersey, and its Annual Reports
are current.*

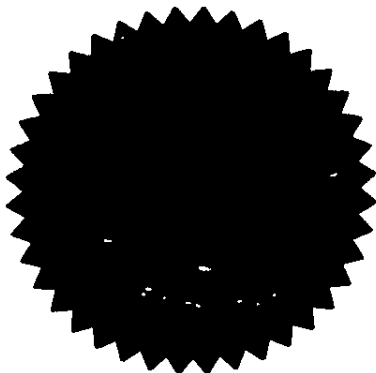
*I further certify that the registered agent and
registered office are:*

*Richard P Grimes
East Holly Ave.
Box 56
Pitman, NJ 08071 0000*

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STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING

PLASTIC SURGICAL NURSING CERTIFICATION BOARD, INC.



IN TESTIMONY WHEREOF, I have
hereunto set my hand and
affixed my Official Seal
at Trenton, this
24th day of May, 2006

Bradley I. Abelow

Bradley I. Abelow
State Treasurer