F08000005278

	Requestor's Name)
	(Address)
(Address)
((Address)
	City/State/Zip/Phone #)
. PICK-UP	WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies	Certificates of Status
Special Instructions	to Filing Officer:
·	Office Use Only



300138521393

12/12/08--01015--014 **87.50

SECHETARY OF STATE

T. Suren DEC 1 5 2008

COVERLETTER

TO: New Filing Section Division of Corporations	
SUBJECT: INGENESIS INC.	
	orporation - must include suffix)
Dear Sir or Madam:	
	tion for Authorization to Transact Business in Florida," itted to register the above referenced foreign corporation to
Please return all correspondence concerning thi	s matter to the following:
VERO	NICA EDWARDS
(I	Name of Person)
ING	ENESIS INC.
(Firm/Company)
11230 WEST	AVENUE, SUITE 1207
	(Address)
SAN ANT	ONIO, TEXAS 78213
(City	/State and ZIP code)
For further information concerning this matter,	please call:
MARK NELSON at	(210) 744-5543
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET/COURIER ADDRESS: New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: New Filing 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 Statu	

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT **BUSINESS IN FLORIDA**

INGENESI		
	f corporation; must include "INCORPORA" "Corp," "Inc," "Co," or "Corp.")	TED," "COMPANY," "CORPORATION,"
NOT APPL		
(If name unava	ilable in Florida, enter alternate corporate na	ime adopted for the purpose of transacting business in Florida
TEXAS		374-2963430
	y under the law of which it is incorporated)	(FEI number, if applicable)
(07/31/1998	5. PERPETUAL
	te of incorporation)	(Duration: Year corp. will cease to exist or "perpetual"
		ss in Florida, if prior to registration)
112	(Date first transacted busine (SEE SECTIONS 607.1501 & 607	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213
	(Date first transacted busine (SEE SECTIONS 607.1501 & 607 230 WEST AVENUE, SUITE 120 (Principal office	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address)
	(Date first transacted busine (SEE SECTIONS 607.1501 & 607 230 WEST AVENUE, SUITE 120 (Principal office	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213
112	(Date first transacted busine (SEE SECTIONS 607.1501 & 607. 230 WEST AVENUE, SUITE 120 (Principal office 230 WEST AVENUE, SUITE 120 (Current mailing a	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address)
112 PROVIDING	(Date first transacted busine (SEE SECTIONS 607.1501 & 607 230 WEST AVENUE, SUITE 120 (Principal office at 230 WEST AVENUE, SUITE 120 (Current mailing at 240 MEDICAL STAFFING SERVICE)	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address)
112 PROVIDING	(Date first transacted busine (SEE SECTIONS 607.1501 & 607 230 WEST AVENUE, SUITE 120 (Principal office at 230 WEST AVENUE, SUITE 120 (Current mailing at 240 MEDICAL STAFFING SERVICE)	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address)
PROVIDING (Purpose	(Date first transacted busine (SEE SECTIONS 607.1501 & 607 230 WEST AVENUE, SUITE 120 (Principal office at 230 WEST AVENUE, SUITE 120 (Current mailing at 240 MEDICAL STAFFING SERVICE)	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address) ES. r country to be carried out in state of Florida)
PROVIDING (Purpose	(Date first transacted busine (SEE SECTIONS 607.1501 & 607. 230 WEST AVENUE, SUITE 120 (Principal office and Courtent mailing and Court	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address) ES. r country to be carried out in state of Florida)
PROVIDING (Purpose) Name and stre	(Date first transacted busine (SEE SECTIONS 607.1501 & 607.230 WEST AVENUE, SUITE 120 (Principal office 230 WEST AVENUE, SUITE 120 (Current mailing a Current mailing a MEDICAL STAFFING SERVICES) of corporation authorized in home state of et address of Florida registered agent: (ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address) ES. r country to be carried out in state of Florida) P.O. Box NOT acceptable)
PROVIDING (Purpose) Name and stre	(Date first transacted busine (SEE SECTIONS 607.1501 & 607.230 WEST AVENUE, SUITE 120 (Principal office 230 WEST AVENUE, SUITE 120 (Current mailing a Current mailing a MEDICAL STAFFING SERVICES) of corporation authorized in home state of et address of Florida registered agent: (NRAI SERVICES, INC. 2731 EXECUTIVE PARK DRI	ss in Florida, if prior to registration) 7.1502, F.S., to determine penalty liability) 07, SAN ANTONIO, TEXAS 78213 address) 07, SAN ANTONIO, TEXAS 78213 address) ES. r country to be carried out in state of Florida) P.O. Box NOT acceptable)

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)
Christian Eubanks, Assistant Secretary

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	of officers	and/or	directors:

	RECTORS.		
Chairmar	n: VERONICA EDWARDS		
Address:	11230 WEST AVENUE, SUITE 1207		
	SAN ANTONIO, TEXAS 78213		
Vice Cha	airman:	<u> </u>	2008
Address:	:	'au	\supseteq
		155 155 155 155 155 155 155 155 155 155	
Director:		in S	
			f:
Address:			20
Director:			
Address:	:		•••
B. OFF	FICERS		
President	t: VERONICA EDWARDS		
	11230 WEST AVENUE, SUITE 1207		
Address.			
	SAN ANTONIO, TEXAS 78213		
Vice Pres	esident:		
Address:			
Secretary	y: VERONICA EDWARDS		
Address:	11230 WEST AVENUE, SUITE 1207, SAN ANTONIO, TEXAS 78213		
Treasurer	r:		
Address:			
. 144.055.			
NOTE:	If necessary, you may attach an addendum to the application listing additional officers and/or	directors.	
/3.	In Illiano		
	(Signature of Director or Officer listed in number 12 of the application)		
14. VE I	RONICA EDWARDS, PRESIDENT		

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

. Corporations Section
•P.O.Box 13697
Austin, Texas 78711-3697



Office of the Secretary of State

Hope Andrade Secretary of State

SECNELANY OF S	2008	
	330	-1
	12	
	2	
	ŧ	
F F:	\sim	

Certificate of Fact

The undersigned, as Secretary of State of Texas, does hereby certify that the document, Articles Of Incorporation for InGenesis Inc. (file number 150091700), a Domestic For-Profit Corporation, was filed in this office on July 31, 1998.

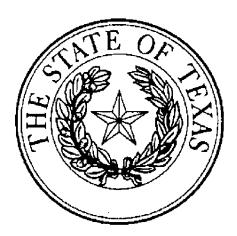
It is further certified that the entity status in Texas is in existence.

It is further certified that our records indicate VERONICA A EDWARDS as the designated registered agent for the above named entity and the designated registered office for said entity is as follows:

2507 WINDING VIEW

SAN ANTONIO, TX - 78258 USA

In testimony whereof, I have hereunto signed my name officially and caused to be impressed hereon the Seal of State at my office in Austin, Texas on October 29, 2008.



Hope Andrade Secretary of State

. Aml

Phone: (512) 463-5555 Fax: (512) 463-5709

Fax: (512) 463-5709 Dial: 7-1-1 for Relay Services