# F10000001290

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



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#### **COVER LETTER**

TO: New Filing Section Division of Corporations	
SUBJECT: 171 MONROE LANE, LEXINGTON, S	SC 29072
	ion - must include suffix
Dear Sir or Madam:	
The enclosed "Application by Foreign Corporation to "Certificate of Existence," or "Certificate of Good S above referenced foreign corporation to transact bus	tanding" and check are submitted to register the
Please return all correspondence concerning this ma	tter to the following:
EDWARD L. MCMILLIAN	
Name	of Person
MEDICAL SERVICES OF AMERICA, INC	
Firm/C	Company
171 MONROE LANE	
Ac	ldress
LEXINGTON, SC 29072	
City/Stat	e and Zip code
emcmillian@msa-corp.com	
E-mail address: (to be use	ed for future annual report notification)
For further information concerning this matter, please	se call:
EDWARD L. MCMILLIAN at (803	) 957-0500 EXT 6734
	ea 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 Status	□ \$78.75 Filing Fee & Certified Copy □ \$87.50 Filing Fee, Certificate of Status & Certified Copy



## RECEIVED

**Division of Corporations** 

DIVISION OF CORPORATION

February 18, 2010

EDWARD L. MCMILLIAN 171 MONROE LANE LEXINGTON, SC 29072

SUBJECT: HELP SERVICES, INC. Ref. Number: W10000008334

We have received your document for HELP 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):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate 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) 245-6928.

Tim Burch Regulatory Specialist II

Letter Number: 810A00004103

### 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.	HELP SERVICE	ES, INC.						
	(Enter name of co	orporation; must include "INCORPORAT orp," "Inc," "Co," or "Corp.")	ED,	" "COMPANY," "CORPORATION,"				
	HELP FROM MEDICAL SERVICES OF AMERICA, INC.							
	(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)							
2.	SOUTH CAROL	LINA	3.	26-1599694				
	(State or country a	under the law of which it is incorporated)		(FEI number, if applicable)				
4.	DECEMBER 19	9, 2007	5.	PERPETUAL				
	(Date	of incorporation)		(Duration: Year corp. will cease to exist or "perpetual")				
6.	· <u></u>							
				n Florida, if prior to registration) 502, F.S., to determine penalty liability)				
7.	171 MONROE L	ANE, LEXINGTON, SC 29072						
		(Principal office	add	lress)				
	171 MONROE L	ANE, LEXINGTON, SC 29072						
		. (Current mailing	add	lress)				
8.		IERGENCY RESPONSE SERVICES						
	(Purpose(s)	of corporation authorized in home state of	or co	ountry to be carried out in state of Florida)				
9.	9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)							
	Name:	NRAI SERVICES, INC		<del></del>				
Office Address: 2731 EXECUTIVE PARK DRI		2731 EXECUTIVE PARK DRIVE, S	ΓE.	4				
		WESTON		, Florida 33331				
		(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:

A. DIRECTORS		
Chairman: RONNIE L. YOUNG		
Address: 171 MONROE LANE		<u>!*</u>
LEXINGTON, SC 29072		
Vice Chairman: JAMES F. HARDMAN	R D	; 
Address: 171 MONROE LANE	2 3 3	
LEXINGTON, SC 29072		· •
Director:	<b>1</b> 42	• !
Address:		
Director:		
Address:		
B. OFFICERS		
President: RONNIE L. YOUNG;		
Address: 171 MONROE LANE		
LEXINGTON, SC 29072		
Vice President: JAMES F. HARDMAN		
Address: LEXINGTON, SC 29072		_
LEXINGTON, SC 29072		
Secretary: JOHN D. KEIM		
Address: 171 MONROE LANE, LEXINGTON, SC 29072		
Treasurer: JOHN D. KEIM		
Address: 171 MONROE LANE, LEXINGTON, SC 29072		
NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or direction listing additional officers and listing additiona	ectors.	-
(Signature of Director or Officer listed in number 12 of the application)		

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

14. JOHN D. KEIM; SECRETARY/TREASURER

# The State of South Carolina



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Office of Secretary of State Mark Hammond

#### **Certificate of Existence**

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

HELP SERVICES, INC.,

a corporation duly organized under the laws of the State of South Carolina on December 19th, 2007, and having a perpetual duration unless otherwise indicated below, has as of the date hereof filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the Corporation that it is subject to being dissolved by administrative action pursuant to section 33-14-210 of the South Carolina Code, and that the corporation has not filed articles of dissolution as of the date hereof

Given under my Hand and the Great Seal of the State of South Carolina this 8th day of March, 2010.

Mark Hammond, Secretary of State