

F12000000985

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

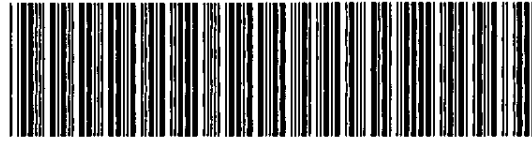
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

1/11



*Nightingale Services, Inc.*

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March 2, 2012

Florida Division of Corporations  
New Filing Section, Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

RE: Registration for Foreign For-Profit Corporation

Dear Sir or Madam:

On the behalf of Nightingale Staffing, Inc. I would like to submit the following application to register our corporation as a Foreign For-Profit Corporation in the state of Florida. A check, made payable to the Florida Department of State, has been enclosed in the amount of \$87.50 to cover the Filing Fee, Certificate of Status, and Certified Copy.

Please review the material provided and let me know if there is any additional information that needs to be submitted.

Thank you in advance for your favorable approval of this process.

Sincerely,

John R. Albright, MHA  
Director of Licensure & Expansion

Enclosure 1: Corporation Registration Application

## COVER LETTER

**TO:** New Filing Section  
Division of Corporations

**SUBJECT:** Nightingale Staffing, 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," or "Certificate of Good Standing" 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:

John Albright

Name of Person

Nightingale Staffing, Inc.

Firm/Company

9100 White Bluff Road, Suite 301

Address

Savannah, Georgia 31406

City/State and Zip code

jalbright@help-1.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Heather Fries

Name of Person

at ( 800 ) 920-5161 Ext. 1017

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 Status    ☐ \$78.75 Filing Fee & Certified Copy    ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

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

Nightingale Services or Nightingale, Inc.  
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Georgia 3. 20-1497660  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 11/13/1987 5. Perpetual  
(Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. Upon Qualification  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 9100 White Bluff Road, Suite 301 Savannah, GA 31406  
(Principal office address)

9100 White Bluff Road, Suite 301 Savannah, GA 31406  
(Current mailing address)

8. Transact Business as a Home Health Care Provider  
(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)

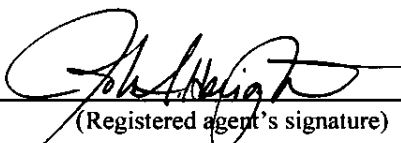
Name: John Albright

Office Address: 841 Prudential Dr., 12th Floor, Unit 1205

Jacksonville, Florida 32207  
(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

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TALLAHASSEE, FLORIDA

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

**A. DIRECTORS**

Chairman: Harold C. Sims, II

Address: 144 Cardinal Road, Savannah, GA 31406

Vice Chairman: Glenda Sims

Address: 144 Cardinal Road, Savannah, GA 31406

Director: Heather Fries, CEO

Address: 17 Wymberley Way, Savannah, GA 31406

Director: \_\_\_\_\_

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

**B. OFFICERS**

President: Harold C. Sims, II

Address: 144 Cardinal Road, Savannah, GA 31406

Vice President: Heather Fries

Address: 17 Wymberley Way, Savannah, GA 31406

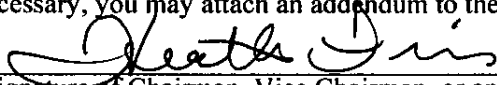
Secretary: Glenda Sims

Address: 144 Cardinal Road, Savannah, GA 31406

Treasurer: \_\_\_\_\_

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

**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. Heather Fries, Chief Executive Officer  
(Typed or printed name and capacity of person signing application)

Control No. J724935

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
313 West Tower  
2 Martin Luther King, Jr. Drive  
Atlanta, Georgia 30334-1530

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## CERTIFICATE OF EXISTENCE

I, Brian P. Kemp, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

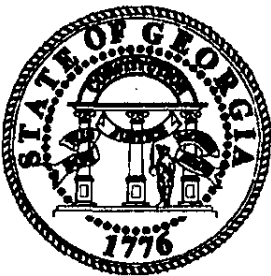
### NIGHTINGALE STAFFING, INC.

#### Domestic Profit Corporation

was formed or was authorized to transact business on 11/13/1987 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 28th day of February, 2012

*B. P. Kemp*

Brian P. Kemp  
Secretary of State