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Florida Department of State

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6381

From:

Account Name : NORTHWEST REGISTERED AGENT LLC
Account Number : I20090000081
Phone : (509) 768-2249
Fax Number : (323) 544-4790

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address:

CS@LLCAAGENT.COM

FOREIGN PROFIT/NONPROFIT CORPORATION

NHS Solutions, Inc.

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$70.00

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T. Burch LLC 12/20/09

RECEIVED

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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**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. NHS Solutions, 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. Oregon

(State or country under the law of which it is incorporated)

3. 26-4088367

(FEI number, if applicable)

4. January 20, 2009

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. NA

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

7. 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

(Principal office address)

1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

(Current mailing address)

8. Healthcare management recruitment.

(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: Northwest Registered Agent, LLC

Office Address: 3030 N. Rocky Point Dr. STE 150A

Tampa

(City)

Florida 33607

(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.



Dan Keen-Manager

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

A. DIRECTORS

Chairman: John Jager

Address: 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

Vice Chairman: Kristine Jager

Address: 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

Director: _____

Address: _____

Director: _____

Address: _____

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B. OFFICERS

President: John Jager

Address: 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

Vice President: _____

Address: _____

Secretary: Kristine Jager

Address: 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

Treasurer: John Jager

Address: 1270 E. Broadway Rd. Suite 213 Tempe, AZ 85282

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

13. _____

Signature of Director or Officer

The officer or director signing this document (and who is listed in number 12 above) affirms that the facts stated herein are true and that he or she is aware that false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

14. _____

John Jager President & CEO
(Typed or printed name and capacity of person signing application)

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CERTIFICATE

State of Oregon

OFFICE OF THE SECRETARY OF STATE
Corporation Division

I, KATE BROWN, Secretary of State of Oregon, and Custodian of the Seal of said State, do hereby certify:

NHS SOLUTIONS, INC.

was

incorporated

under the Oregon

Business Corporation Act

on

January 20, 2009

and is active on the records of the Corporation Division as of
the date of this certificate.

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TALLAHASSEE, FLORIDA



In Testimony Whereof, I have hereunto set
my hand and affixed hereto the Seal of the
State of Oregon.

A handwritten signature in black ink, appearing to read "Kate Brown".

KATE BROWN, Secretary of State

October 10, 2012

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