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PICK-UP WAIT MAIL							
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COVER LETTER

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	Axis Me	dical Staffing, Inc.			•				
SUBJEC	:	Name	of corpora	tion - n	nust include suffix				
Dear Sir o	or Madam:								
"Certification	te of Existence	tion by Foreign C ce," or "Certificate on corporation to t	of Good S	Standin	thorization to Transac g" and check are sub n Florida.	ct Business in mitted to regi	Florida, ster the	**	
Please retu Adam Mck		pondence concern	ing this ma	itter to	the following:				
		<u></u>	Name	of Per	son		ZSE	16	
Axis Medical Staffing, Inc.							CR	ے	
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adamm@ax	xismedicalstafi	ing.com							
		E-mail address	: (to be use	ed for f	uture annual report n	otification)			
For further	r information	concerning this m	atter, pleas	se call:					
Adam McKinnon			206	١	285 6300				
Name of Person		Area C	ode	Daytime Teleph	one Number				
Re Di Cli 26	gistration Sec vision of Cor ifton Building	porations 3 Center Circle	S:		MAILING AI Registration Se Division of Co P.O. Box 6327 Tallahassee, FI	ection rporations			
Enclosed is	s a check for	the following amo	ount:						
\$70.00	Filing Fee	S78.75 Filing			8.75 Filing Fee & ertified Copy	S87.50 F	ate of St		ئ ئ

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.	Axis Medical S	taffing, Inc.					
		corporation; must include "INCORPORATED Corp," "Inc," "Co," or "Corp.")),"	"COMPANY," "CORPORATION,"		 -	
	(If name unavail	able in Florida, enter alternate corporate name	e ac	lopted for the purpose of transacting by	siness in Florid	ia)	
2.	WA State	3	2	20 1220016			
4.	(State or country under the law of which it is incorporate 7/1/2004			(FEI number, if applicable) Perpetual			
6.	(Date	of incorporation)	(Date of duration, if other than perpetual)				
7	100 W. Harrison	St. S. 550, Seattle, WA 98119	150	2, F.S., to determine penalty liability)	= 10		
٠	(SAME)			office address)	CORET	7) E	
•		(Current maili	ing	address, if different)	1388. 1388.		
8.	Name and stree	et address of Florida registered agent: (P.	Ο.	Box NOT acceptable)	Bo B		
	Name:	National Registered Agents, Inc.			- 漢字 9 - 漢語 3		
Office Address	fice Address:	1200 South Pine Island Road			- O		
		Plantation		33324 . Florida			
		(City)		(Zip code)			

9. 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)

10. Attached is a cortificate 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.

11. Names and business addresses of officers and/or directors: A. DIRECTORS Adam McKinnon, Co - CEO Chairman: 100 W. Harrison St. S. 550 Address: Scattle, WA 98119 Ryan Skjonsberg, Co - CEO Vice Chairman: 100 W. Harrison St. S. 550 Address: Seattle, WA 98119 Director: _ Address: __ Director: **B. OFFICERS** Adam McKinnon, Co - CEO President: (SAME as above) Address: Ryan Skjonsberg, Co - CEO Vice President: (SAME as above) Address: Secretary: _ Address: _ Treasurer: Address: _ NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors. Signature of Director or Officer The officer or director signing this document (and who is listed in number 11 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. Adam McKinnon (Typed or printed name and capacity of person signing application)



I, KIM WYMAN, Secretary of State of the State of Washington and custodian of its seal, hereby issue this

CERTIFICATE OF EXISTENCE

OF

AXIS MEDICAL STAFFING, INC.

I FURTHER CERTIFY that the records on file in this office show that the above named entity was formed under the laws of the State of Washington and that its public organic record was filed in Washington and became effective on 7/1/2004.

I FURTHER CERTIFY that the entity's duration is Perpetual, and that as of the date of this certificate, the records of the Secretary of State do not reflect that this entity has been dissolved.

I FURTHER CERTIFY that all fees, interest and penalties owed to this state and collected through the Secretary of State have been paid.

I FURTHER CERTIFY that the most recent annual report has been delivered to the Secretary of State for filing and that proceedings for administrative dissolution are not pending.

Date: May 16, 2016

UBI: 602-402-125

Given under my hand and the Seal of the State of Washington at Olympia, the State Capital

Kim Wyman, Secretary of State



TESTER!