

# F18000031693

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

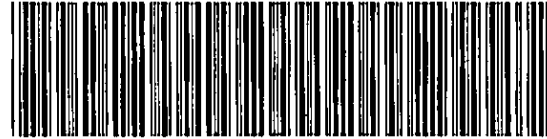
(Document Number)

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

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TALLAHASSEE FLORIDA

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AUG 11 2018



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 1, 2018

BEATRICE STRYKER, CFO  
1000 JEFFERSON STREET, STE A  
LYNCHBURG, VA 24504

SUBJECT: CONTEMPORARY NURSING SOLUTIONS INC  
Ref. Number: W18000070099

We have received your document for CONTEMPORARY NURSING SOLUTIONS INC and your check(s) totaling \$87.50. However, the document has not been filed and is being retained in this office for the following:

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) 245-6051.

Deborah Bruce  
Corporate Records Supervisor

Letter Number: 018A00015865

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TALLAHASSEE, FLORIDA

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** ConTemporary Nursing Solutions 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:

Beatrice Stryker, CFO

Name of Person
Firm/Company
Address
City/State and Zip code
E-mail address: (to be used for future annual report notification)
ConTemporary Nursing Solutions Inc
1000 Jefferson Street, Suite 1A
Lynchburg VA 24504
BStryker@RNStaffing.com

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For further information concerning this matter, please call:

Name of Person	Area Code	Daytime Telephone Number
Beatrice Stryker, CFO	703	354-5151

**STREET/COURIER ADDRESS:**

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

**MAILING ADDRESS:**

Registration 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. ConTemporary Nursing Solutions Inc  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

2. Virginia 3. 54-1836722  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 01/30/1997 5. Perpetual  
(Date of incorporation) (Date of duration, if other than perpetual)

6. 08/10/2018  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2201 Cantu Court, Suite 205, Sarasota, FL 34232  
(Principal office address)

1000 Jefferson Street, Suite 1A, Lynchburg, VA 24504  
(Current mailing address, if different)

8. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Beatrice Stryker

Office Address: 4472 Calle Serena

Sarasota, Florida 34238  
(City) (Zip code)

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**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.*

Beatrice K Stryker 7/23/18  
(Registered agent's signature)

10. 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.

11. Names and business addresses of officers and/or directors:

**A. DIRECTORS**

Chairman: Mary DeChristopher

Address: 1000 Jefferson Street, Suite 1A

Lynchburg VA 24504

Vice Chairman: David Simone

Address: 1000 Jefferson Street, Suite 1A

Lynchburg VA 24504

Director:

Address:

Director:

Address:

**B. OFFICERS**

President: Mary DeChristopher, President

Address: 1000 Jefferson St, Suite 1A, Lynchburg VA 24504

Vice President: David Simone

Address: 1000 Jefferson Street, Suite 1A, Lynchburg VA 24504

Secretary:

Address:

Treasurer:

Address:

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

12.



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.

13. Mary DeChristopher, President

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

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# Commonwealth of Virginia



## State Corporation Commission

### *CERTIFICATE OF GOOD STANDING*

*I Certify the Following from the Records of the Commission:*

That CONTEMPORARY NURSING SOLUTIONS, INC. is duly incorporated under the law of the Commonwealth of Virginia;

That the date of its incorporation is January 30, 1997;

That the period of its duration is perpetual; and

That the corporation is in existence and in good standing in the Commonwealth of Virginia as of the date set forth below.

Nothing more is hereby certified.



*Signed and Sealed at Richmond on this Date:  
August 8, 2018*

*Joel H. Peck*  
\_\_\_\_\_  
*Joel H. Peck, Clerk of the Commission*