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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Clinical Staffing Resources
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:

Mindi M. Derry
Name of Person
Clinical Staffing Resources
Firm/Company
420 Broadway, 3rd floor
Address
Brooklyn, NY 11211
City/State and Zip code
Mindi@CSRNy.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Mindi M. Derry at (929) 888-4791
Name of Person Area Code Daytime Telephone Number

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

Scrubs Connect
(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New York 3. 27 2804816
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. 6/7/10 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. not licensed in FL at this time
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 420 Broadway, 3rd floor Brooklyn, NY 11211
(Principal office address)

(Current mailing address, if different)

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

Name: Minda M. Derry

Office Address: 4302 Hollywood Blvd #202
Hollywood, Florida 33021
(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.

Minda M. Derry
(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: Daniel Weinberger
Address: 420 Broadway 3rd floor
Brooklyn, NY 11211
Vice Chairman: Nathan Landau
Address: 420 Broadway 3rd floor
Brooklyn, NY 11211
Director: Mindi M. Derry
Address: 420 Broadway 3rd floor
Brooklyn, NY 11211
Director: _____
Address: _____

B. OFFICERS

President: Daniel Weinberger
Address: 420 Broadway 3rd floor
Brooklyn, NY 11211
Vice President: Nathan Landau
Address: 420 Broadway 3rd floor
Brooklyn, NY 11211
Secretary: Mindi M. Derry
Address: 420 Broadway, Brooklyn, NY 11211
Treasurer: Nathan Landau
Address: same as above

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

12. Mindi M. Derry
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 § 817.155, F.S.

13. Mindi M. Derry, VP-Director & Secretary
(Typed or printed name and capacity of person signing application)

State of New York
Department of State } ss:

I hereby certify, that the Certificate of Incorporation of CLINICAL STAFFING RESOURCES CORP. was filed on 06/07/2010, under the name of FIRST RESPOND STAFFING CORP., with perpetual duration, and that a diligent examination has been made of the Corporate index for documents filed with this Department for a certificate, order, or record of a dissolution, and upon such examination, no such certificate, order or record has been found, and that so far as indicated by the records of this Department, such corporation is an existing corporation.

A Certificate of Amendment FIRST RESPOND STAFFING CORP., changing its name to CLINICAL STAFFING RESOURCES CORP., was filed 10/29/2010.



*WITNESS my hand and the official seal
of the Department of State at the City of
Albany, this 15th day of October two
thousand and eighteen.*

*Brendan W. Fitzgerald
Executive Deputy Secretary of State*