

**Note: Please print this page and use it as a cover sheet.** Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : C T CORPORATION SYSTEM  
Account Number : FCA000000023  
Phone : (614)280-3338  
Fax Number : (954)208-0845

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

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

## FOREIGN PROFIT/NONPROFIT CORPORATION

**Nationwide Imaging Services, Inc.**

Certificate of Status	0
Certified Copy	1
Page Count	05
Estimated Charge	\$878.75

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TALLAHASSEE, FLORIDA

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SCOTT

JUN 11 2019

## 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. NATIONWIDE IMAGING SERVICES INC.  
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"  
"Inc.," "Co.," "Corp.," "Ltd.," "Co.," or "Corp.")

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

2. NEW JERSEY 3. 22-3612848  
(State or country under the law of which it is incorporated) (FEI number, if applicable)

4. AUGUST 3, 1998 5. \_\_\_\_\_  
(Date of incorporation) (Date of duration, if other than perpetual)

6. JAN 1, 2017  
(Date first transacted business in Florida, if prior to registration)  
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 2301 ATLANTIC AVE., MANASQUAN, NJ 08736  
(Principal office address)

\_\_\_\_\_  
(Current mailing address, if different)

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

Name: C T Corporation System

Office Address: 1300 South Pine Island Road

Plantation, Florida 33524  
(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.*

C T Corporation System

By Michael Jones Michael Jones, Assistant Secretary  
(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.

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

**A. DIRECTORS**Chairman: NONE

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

Vice Chairman: NONE

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

Director: NONE

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

Director: NONE

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

**B. OFFICERS**President: ROBERT MANETTAAddress: 2301 ATLANTIC AVE., MANASQUAN, NJ 08736Vice President: BERNARD AMATOAddress: 2301 ATLANTIC AVE., MANASQUAN, NJ 08736

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. BERNARD AMATO Vice President

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

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**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**NATIONWIDE IMAGING SERVICES INC.  
0100753634**

*I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic For-Profit Corporation was registered by this office on August 03, 1998.*

*As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.*

*I further certify that the registered agent and office are:*

ROBERT MANETTA  
2301 ATLANTIC AVENUE  
MANASQUAN, NJ 08736

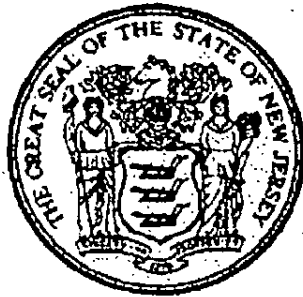
*I further certify that as of the date of this certificate, the following amendments and changes are on file in this office:*

CHANGE OF REGISTERED OFFICE	02/07/2007
CHANGE OF AGENT AND OFFICE	02/06/2009
CHANGE OF AGENT AND OFFICE	07/24/2013
Annual Report Filing with address change	09/03/2015
Annual Report filing with officer/member change	09/03/2015
CHANGE OF AGENT AND OFFICE	09/04/2015
MERGER	04/27/2016
Annual Report filing with officer/member change	08/01/2018

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TREASURER'S OFFICE  
TREASURY DEPARTMENT  
HARRISON, NJ 07033

**STATE OF NEW JERSEY  
DEPARTMENT OF THE TREASURY  
DIVISION OF REVENUE AND ENTERPRISE SERVICES  
LONG FORM STANDING WITH CHARTER DOCUMENTS**

**NATIONWIDE IMAGING SERVICES INC.  
0100753634**



*IN TESTIMONY WHEREOF, I have  
herewith set my hand and affixed  
my Official Seal at Trenton, this  
13th day of May, 2019*

A handwritten signature in black ink, appearing to read "Elizabeth Maher Muoio".

*Elizabeth Maher Muoio  
State Treasurer*

Certificate Number : 2493474016

Verify this certificate online at

[https://www1.state.nj.us/TYTK/SigningCert/USP/Verify\\_Cert.jsp](https://www1.state.nj.us/TYTK/SigningCert/USP/Verify_Cert.jsp)

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