

F19000003138

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

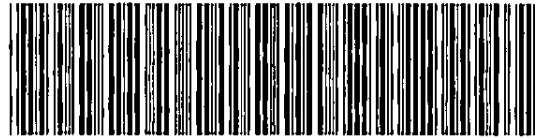
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800330904678

06/25/19--01004--015 **70.00

RECEIVED

JUN 24 2019

FILED
2019 JUN 26 PM 3:39
TALLAHASSEE FLORIDA

● BRUCE
JUL 10 2019

COVER LETTER

TO: Registration Section
Division of Corporations
Stat Staff Professionals, Inc.

SUBJECT: _____
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:
Thomas M. Kernan

Name of Person
Stat Staff Professionals, Inc.

Firm/Company
18 Division Street, Suite 311

Address
Saratoga Springs, New York 12866

City/State and Zip code
tkernan@statstaffpro.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Thomas M. Kernan 518 871-1611

Name of Person at (_____) Daytime Telephone Number
Area Code

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

FILED
2011 JUN 26 PM 3:39
TALLAHASSEE, FLORIDA
REGISTRATION SECTION

**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.*

Stat Staff Professionals, Inc.

1. _____
(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

SSP Healthcare Staffing

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)
New York State 20-0443075

2. _____ 3. _____
(State or country under the law of which it is incorporated) (FEI number, if applicable)
11/18/2003

4. _____ 5. _____
(Date of incorporation) (Date of duration, if other than perpetual)

6. _____
(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)
18 Division Street, Suite 311, Saratoga Springs, New York 12866

7. _____
(Principal office address)

(Current mailing address, if different)

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

Registered Agents Inc.

Name:

7901 4th St N STE 300

Office Address:

St. Petersburg

33702

(City)

, Florida

(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 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.

FILED
2019 JUN 26 PM 3:39
TALLAHASSEE, FLORIDA

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

A. DIRECTORS

David M. Theobald

Chairman:

18 Division Street, Suite 311

Address:

Saratoga Springs, New York 12866

Vice Chairman:

Address:

Director:

Address:

Director:

Address:

B. OFFICERS

David M. Theobald

President:

18 Division Street, Suite 311

Address:

Saratoga Springs, NY 12866

Thomas M. Kernan

Vice President:

18 Division Street, Suite 311

Address:

Saratoga Springs, NY 12866

Thomas M. Kernan

Secretary:

18 Division Street, Suite 311

Address:

Saratoga Springs, NY 12866

Christine Tucker, CPA

Treasurer:

18 Division Street, Suite 311

Address:

Saratoga Springs, NY 12866

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.

Thomas M. Kernan, Vice President

13. _____

(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 STAT STAFF PROFESSIONALS, INC. was filed on 11/18/2003, 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.



*Witness my hand and the official seal
of the Department of State at the City
of Albany, this 09th day of May
two thousand and nineteen.*

A handwritten signature in black ink, reading "Whitney Clark".

Whitney Clark
Deputy Secretary of State