# 22000000 3064

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S. ROBERTS MAY 1 7 2022

Incorporating Services, Ltd.

1540 Glenway Drive Tallahassee, FL 32301

850.656.7956 Fax: 850.656.7953 www.incserv.com

e-mail: accounting@incserv.com

## incserv

### **ORDER FORM**

Florida Department of State
The Centre of Tallahassee
2415 North Monroe Street, Suite 810
Tallahassee, FL 32303
corphelp@dos.myflorida.com

Melissa Moreau mmoreau@incserv.com 850.656.7953

REQUEST DATE 5/17/2022

850-245-6051

**PRIORITY** Regular Approval

OUR REF # (Order ID#) 1039643

ORDER ENTITY\_\_\_\_\_\_FLEETNURSE INC.

PLEASE PERFORM THE FOLLOWING SERVICES:  FLEETNURSE INC. (FL)	
File the attached foreign qualification document	
NOTES:	
\$70.00 Authorized	
Email address for annual report reminders: Shawn.Linan@unisearch.com	
RETURN/FORWARDING INSTRUCTIONS:	

Please bill the above referenced account for this order.

ACCOUNT NUMBER: I20050000052

If you have any questions please contact me at 656-7956,

Sincerely,

M

Please bill us for your services and be sure to include our reference number on the invoice and courier package if applicable. For UCC orders, please include the thru date on the results.

Tuesday, May 17, 2022 Page 1 of 1

## 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.

FleetNurse Inc.				
(Enter name of co	orporation; must include "INCORPORATED," orp," "Inc," "Co," or "Corp.")	"COMPANY," "CORPORATION,"		
(If name unavaila	able in Florida, enter alternate corporate name a		ousiness in Flo	rida)
Delaware	3	3-1101827		
	y under the law of which it is incorporated)	(FEI number, if appli	(FEI number, if applicable)	
11/7/2018	5.			
(Date of incorporation)		(Date of duration, if other tha	(Date of duration, if other than perpetual)	
April 1, 20	22			
1776 Millrace Dri	ive, Suite 300, Eugene, OR 97403	02, F.S., to determine penalty liability		
	(Principal offi	ce <u>street</u> address)		
	(Current mailin	g address, if different)		
. Name and <u>stree</u> Name:	et address of Florida registered agent: (P.C. Unisearch, Inc.	). Box <u>NOT</u> acceptable)	TALL AND	2822 HAY 17
Office Address:	1990 Main Street, Suite 750-709	<del></del>	ζ.	$\geq$
	Sarasota	Florida 34236	, . - -m	بې
	(City)	(Zip code)	Γ,	0

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.

by: Shawn Linan, 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.

#### A. DIRECTORS Alan Yordy Israel Angeles Chairman Chairman 1776 Millrace Drive, Suite 300 1776 Millrace Drive, Suite 300 ☐Vice Chairman ☐ Vice Chairman Address: Address: Eugene, OR 97403 Eugene, OR 97403 Director Director President President □ Vice President □Vice President ☐ Treasurer ☐ Treasurer ■ Secretary ☐ Secretary □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ □Other \_\_\_\_ Other \_\_\_\_\_ Ross Barbieri Nicolas Lopez □ Chairman ☐ Chairman 1776 Millrace Drive, Suite 300 1776 Millrace Drive, Suite 300 ☐ Vice Chairman Address: ☐ Vice Chairman Address: Eugene, OR 97403 Eugene, OR 97403 Director Director □ President ☐ President □Vice President ☐ Vice President □ Secretary □ Treasurer □ Secretary □Treasurer □ Other \_\_\_\_\_ □ Other \_\_\_\_\_ ☐Other \_\_\_\_\_ □ Other \_\_\_\_\_ Name: Chairman Chairman ☐ Vice Chairman □Vice Chairman Address: \_\_\_\_\_ Address: ☐ Director □ Director □ President □ President ☐Vice President ☐ Vice President □ Secretary ☐ Treasurer ☐ Secretary ☐ Treasurer Other \_\_\_\_\_ ☐ Other \_\_\_\_\_ Other \_\_\_\_ Important Notice: Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form. Israel angeles -F972498908554E1.. 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. Israel Angeles, President and Chief Executive Officer



I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF

DELAWARE, DO HEREBY CERTIFY "FLEETNURSE INC." IS DULY INCORPORATED

UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND

HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS

OFFICE SHOW, AS OF THE FIFTH DAY OF APRIL, A.D. 2022.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL REPORTS HAVE BEEN FILED TO DATE.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "FLEETNURSE INC."

WAS INCORPORATED ON THE TWENTY-SEVENTH DAY OF JUNE, A.D. 2018.

AND I DO HEREBY FURTHER CERTIFY THAT THE FRANCHISE TAXES HAVE BEEN PAID TO DATE.

Authentication: 203098888

Date: 04-05-22