

F23000000327

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

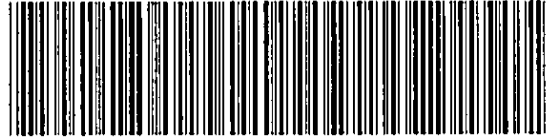
(Business Entity Name)

(Document Number)

Copies _____ Certificates of Status _____

al Instructions to Filing Officer:

Office Use Only



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2023 JAN 19 PM 1:02

RECEIVED

2023 JAN 19 AM 9:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

S. FRANKLIN
JAN 20 2023

CT CORP

3458 Lakeshore Drive, Tallahassee, FL 32312
850-656-4724

Date: 01/19/2022

Acc#I20160000072

en: c DW

Name:	NurseTim, Inc.
Document #:	
Order #:	71054037 - 2

Certified Copy of Arts & Amend:	<input type="checkbox"/>		
Plain Copy:	<input type="checkbox"/>		
Certificate of Good Standing:	<input type="checkbox"/>		
Certified Copy of	<input type="checkbox"/>		
Apostille/Notarial Certification:	<input type="checkbox"/>	Country of Destination:	
		Number of Certs:	

Filing: <input checked="" type="checkbox"/>	Certified: <input checked="" type="checkbox"/>
	Plain: <input type="checkbox"/>
	COGS: <input type="checkbox"/>

Email Address for Annual Report Notifications:

wkuslawdept@wolterskluwer.com

Availability _____
Document _____
Examiner _____
Updater _____
Verifier _____
W.P. Verifier _____
Ref# _____

Amount: \$ 78.75

Thank you!

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: NurseTim, 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:

Name of Person

Firm/Company

Address

City/State and Zip code

wkuslawdept@wolterskluwer.com

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

For further information concerning this matter, please call:

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

STREET/COURIER ADDRESS:

Registration Section
Division of Corporations
The Centre of Tallahassee
2415 N. Monroe Street, Suite 810
Tallahassee, FL 32303

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

- | | | | |
|---|--|---|---|
| <input type="checkbox"/> \$70.00 Filing Fee | <input type="checkbox"/> \$78.75 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$78.75 Filing Fee &
Certified Copy | <input type="checkbox"/> \$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. NurseTim, Inc.

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

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

2. Minnesota

(State or country under the law of which it is incorporated)

3. 30-0519398

(FEI number, if applicable)

4. 12/19/2008

(Date of incorporation)

5. Perpetual

(Date of duration, if other than perpetual)

6. Upon Qualification

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

7. 1495 Stieger Lake Lane, Victoria, MN 55386

(Principal office street address)

2700 Lake Cook Road Attn WK GLCD, Riverwoods, IL 60015

(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: 1200 South Pine Island Road

Plantation, Florida 33324

(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: Michele Miller Michele Miller, Asst. 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.

11. For initial indexing purposes, list names, titles and addresses of the primary officers and/or directors [up to six (6) total]:

A. DIRECTORS

☐ Chairman Name: Robert Ingato
☐ Vice Chairman Address: 28 Liberty Street 26th Floor
☐ Director New York, NY 10005
☐ President _____
☐ Vice President _____
☒ Secretary ☐ Treasurer
☒ Other EVP ☐ Other _____

☐ Chairman Name: J. Michele Balnius
☐ Vice Chairman Address: 2700 Lake Cook Road
☒ Director Riverwoods, IL 60015
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: Thomas J. Nestor
☐ Vice Chairman Address: 28 Liberty Street 43rd Floor
☒ Director New York, NY 10005
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☐ Other _____ ☐ Other _____

☐ Chairman Name: J. Michele Balnius
☐ Vice Chairman Address: 2700 Lake Cook Road
☐ Director Riverwoods, IL 60015
☐ President _____
☒ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Treasurer ☐ Other _____

☐ Chairman Name: Erin M. Sanders
☐ Vice Chairman Address: 2700 Lake Cook Rd
☐ Director Riverwoods, IL 60015
☐ President _____
☐ Vice President _____
☐ Secretary ☐ Treasurer
☒ Other Assistant Secretary ☐ Other _____

☐ Chairman Name: Irving Feldman
☐ Vice Chairman Address: 2700 Lake Cook Rd
☐ Director Riverwoods, IL 60015
☐ President _____
☒ Vice President _____
☐ Secretary ☒ Treasurer
☐ Other _____ ☐ Other _____

SEE ATTACHMENT

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.

12. Erin M. Sanders
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. Erin M. Sanders, Assistant Secretary
(Typed or printed name and capacity of person signing application)

**Attachment to Florida
Officers & Directors**

- 1 Full Name: Stacey Caywood
Officer/Director: Officer
Officer's Title: President & CEO
Director's Title:
Business Address: 230 3rd Ave
City: Waltham
State: MA
ZIP Code: 02451
- 2 Full Name: Maria Joao Montenegro
Officer/Director: Director
Officer's Title:
Director's Title: Director
Business Address: 28 Liberty St, 26th FL
City: New York
State: NY
ZIP Code: 10005
- 3 Full Name: Maria Joao Montenegro
Officer/Director: Officer
Officer's Title: Senior Vice President
Director's Title:
Business Address: 28 Liberty St, 26th FL
City: New York
State: NY
ZIP Code: 10005
- 4 Full Name: Peter Matthijs Lusse
Officer/Director: Officer
Officer's Title: Executive Vice President & Chief Financial Officer
Director's Title:
Business Address: Zuidpoolsingel, 2
City: Alphen aan den Rijn
State: XX
ZIP Code: 2408 ZE

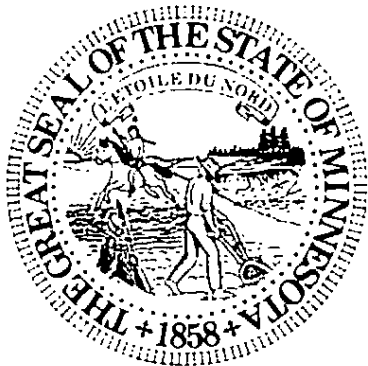
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**Office of the Minnesota Secretary of State
Certificate of Good Standing**

I, Steve Simon, Secretary of State of Minnesota, do certify that: The business entity listed below was filed pursuant to the Minnesota Chapter listed below with the Office of the Secretary of State on the date listed below and that this business entity is registered to do business and is in good standing at the time this certificate is issued.

Name:	NurseTim, Inc.
Date Filed:	12/19/2008
File Number:	3128936-2
Minnesota Statutes, Chapter:	302A
Home Jurisdiction:	Minnesota

This certificate has been issued on: 01/17/2023



A handwritten signature in black ink that reads "Steve Simon".

Steve Simon
Secretary of State
State of Minnesota

W.S. 19 11:06