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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Travel Nurse across America, LLC	
	Liability Company)
The enclosed "Application by Foreign Limited Liabil Florida," Certificate of Existence, and check are submitability company to transact business in Florida	ity Company for Authorization to Transact Business in nitted to register the above referenced foreign limited
Please return all correspondence concerning this matt	er to the following:
Theresa L. Riggs, Chief F	inancial Officer
(Name	of Person)
Travel Nurse across America, LLC	
(Firm/	Company)
11300 Cantrell Road, Suite 102	
(Ac	ddress)
Little Rock, AR 72212	and Zip Code) and Zip Code) call:
(City/State	and Zip Code)
For further information concerning this matter, please	and Zip Code) FILED Call:
Theresa L. Riggs	at (501) 663-5288
(Name of Person)	(Area Code & Daytime Telephone Number)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\Boxed{\square}\$\$ \$130.00 Filing Fee & Certificate of Sta	□ \$155.00 Filing Fee & □ \$160.00 Filing Fee, Certificate thus Certified Copy of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 608.503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA:

I. Travel Nurse acro			
	(Name of Foreign Lin	nited I	Liability Company)
Arkansas		3	3. 20-1068277
(Jurisdiction under t company is organize	he law of which foreign limited liabed)		(FEI number, if applicable)
4. 04-30-2004		5	5. 04-30-2054
(Date	e of Organization)	-	(Duration: Year limited liability company will cease to exist or "perpetual")
5. July 17, 2004			
	(Date first transacted business (See sections 608.501 & 608.50	in Flo 12 F.S	orida, if prior to registration.) to determine penalty liability)
7. 11300 Cantrell Ro	oad, Suite 102		Ap. 95
Little Rock, AR 7			is to determine penalty liability) Sof Principal Office) I company, check here Inaging members or managers are as follows:
	(Street Ad	dress	s of Principal Office)
3. If limited liabili	ity company is a manager-man	aged	l company, check here
9. The name and u	sual business addresses of the	man	naging members or managers are as follows
Managing Memb	oer: Mr. Bryan Jeffrey, c/o JPMS	, 1130	000 Cantrell Road, Suite 301, Little Rock, AR 72212
President/CEO:	Mr. Norman Hoggard, Travel Nu	ırse a	across America, LLC, 11300 Cantrell Road, Suite 102
	Little Rock, AR 72212		
he jurisdiction under th		otocop	days old, duly authenticated by the official having custody of records in a foreign language, a mitted.)
11. Nature of busin	ness or purposes to be conduc	ted or	or promoted in Florida: Provide temporary nurse
staffing services t	o hospitals.		
	(In accordance with section 608.40	8(3), F of perj	2 uthorized representative of a member. F.S., the execution of this document constitutes jury that the facts stated herein are true.) I Officer
	Typed or p	rintec	d name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:	
Travel Nurse across America, LLC	
2. The name and the Florida street address of the registered agent and office are:	
NRAI Services, Inc.	OS J
Florida Street Address (P.O. Box NOT ACCEPTABLE)	MAN 31 PM
Tallahassee FL 32301 City/State/Zip	M 1:10

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, 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 relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Florida Statutes.

(Signature) Sect. Sec.

\$ 100.00 Filing Fee for Application \$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (optional)

\$ 5.00 Certificate of Status (optional)



Arkansas Secretary of State Charlie Daniels

State Capitol Building ◆ Little Rock, Arkansas 72201-1094 ◆ 501-682-3409

Certificate of Good Standing

I, Charlie Daniels, Secretary of State of the State of Arkansas, and as such, keeper of the records of domestic and foreign corporations, do hereby certify that the records of this office show

TRAVEL NURSE ACROSS AMERICA, LLC

authorized to transact business in the State of Arkansas as a Limited Liability Company, filed Articles of Organization in this office April 30, 2004.

Our records reflect that said entity, having complied with all statutory requirements in the State of Arkansas, is qualified to transact business in this State.



In Testimony Whereof, I have hereunto set my hand and affixed my official Seal. Done at my office in the City of Little Rock, this 18th day of January 2005.

Charlie Daniels Secretary of State

Online Certificate Authorization Code: 86717448670d7d9

To verify the Authoriziation Code, visit www.sosweb.state.ar.us