

# M11000004184

Florida Department of State  
 Division of Corporations  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

2011 AUG 19 AM 10:43

To:

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

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL  
 Account Number : 110432003053  
 Phone : (561) 694-8107  
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SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA

Foreign Limited Liability Company  
 Perioperative Nurse Residency Program, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

A. LUNT

AUG 22 2011

EXAMINER

H11000207613

**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:**

**1. Perioperative Nurse Residency Program, LLC**

(Name of Foreign Limited Liability Company; must include "Limited Liability Company," "LLC," or "L.L.C.")

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida and attach a copy of the written consent of the managers or managing members adopting the alternate name. The alternate name must include "Limited Liability Company," "LLC," "L.L.C.")

**2. Delaware**

(Jurisdiction under the law of which foreign limited liability company is organized)

**3. 80-0745955**

(FEI number, if applicable)

**4. July 28, 2011**

(Date of Organization)

**5. perpetual**

(Duration: Year limited liability company will cease to exist or "perpetual")

**6. upon filing of this application**

(Date first transacted business in Florida, if prior to registration.)  
(See sections 608.501 & 608.502 F.S. to determine penalty liability)

**7. 12001 NW 5th Court**

**Plantation, FL 33325**

(Street Address of Principal Office)

**8. If limited liability company is a manager-managed company, check here**

**9. The name and usual business addresses of the managing members or managers are as follows:**  
WANDA KEYES 12001 NW 5th Court Plantation FL 33325

SECRETARY OF STATE  
TALLAHASSEE  
FLORIDA

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**10. Attached is an original certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (A photocopy is not acceptable. If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted.)**

**11. Nature of business or purposes to be conducted or promoted in Florida:** surgical personnel instruction

Wanda Keyes

Signature of a member or an authorized representative of a member.  
(In accordance with section 608.405(3), F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

WANDA KEYES

Typed or printed 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:

Perioperative Nurse Residency Program, LLC

If name unavailable, the alternate name to be used in the state of Florida is:

2. The name and the Florida street address of the registered agent and office are:

WANDA KEYES

(Name)

12001 NW 5th Court

Florida Street Address (P.O. Box NOT ACCEPTABLE)

Plantation

FL 33325

City/State/Zip

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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*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.*

WANDA KEYES



(Signature)

\$ 100.00	Filing Fee for Application
\$ 25.00	Designation of Registered Agent
\$ 30.00	Certified Copy (optional)
\$ 5.00	Certificate of Status (optional)

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# Delaware

PAGE 1

*The First State*

I, JEFFREY W. BULLOCK, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "PERIOPERATIVE NURSE RESIDENCY PROGRAM, LLC" IS DULY FORMED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE NINETEENTH DAY OF AUGUST, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE SAID "PERIOPERATIVE NURSE RESIDENCY PROGRAM, LLC" WAS FORMED ON THE TWENTY-EIGHTH DAY OF JULY, A.D. 2011.

AND I DO HEREBY FURTHER CERTIFY THAT THE ANNUAL TAXES HAVE NOT BEEN ASSESSED TO DATE.

5017314 8300

110935673

You may verify this certificate online  
at [corp.delaware.gov/authcert.shtml](http://corp.delaware.gov/authcert.shtml)



*[Handwritten Signature]*  
Jeffrey W. Bullock, Secretary of State

AUTHENTICATION: 8960495

DATE: 08-19-11