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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

OCT 20 2014



Medical Staffing Solutions

"The Solution to your Staffing Needs"

Toll Free: 866-397-5741
Fax: 812.469.6876
8601 N. Kentucky Avenue., Suite A
Evansville, IN 47725

October 9, 2014

To Whom It May Concern:

We at Medical Staffing Solutions, LLC would like to thank you in advance for your consideration of a Certificate of Foreign Incorporation from the Florida Department of State.

I have enclosed all required documents and filled out the application to the best of my ability. It is my wish that we can expedite the application process and you will have my full and prompt cooperation in meeting the requirements.

Kind Regards,

Melanie Theriac, RN, CEO

Chief Executive Officer

Phone: 866-397-5741 or 812-430-9473

mtheriac@mssmedicalstaffing.com

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Medical Staffing Solutions, LLC
Name of Limited Liability Company

alternate name: Medical Staffing, LLC

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida..

Please return all correspondence concerning this matter to the following:

Melanie Theriac
Name of Person

Medical Staffing Solutions, LLC
Firm/Company

8601 N. Kentucky Ave, Suite A
Address

Evansville, Indiana 47725
City/State and Zip Code

mtheriac@mssmedicalstaffing.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Melanie Theriac at (812) 430-9473
Name of Contact Person Area Code Daytime Telephone Number

MAILING ADDRESS:

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

STREET ADDRESS:

Division of Corporations
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy

**STATE OF INDIANA
OFFICE OF THE SECRETARY OF STATE
CERTIFICATE OF EXISTENCE**

To Whom These Presents Come, Greetings:

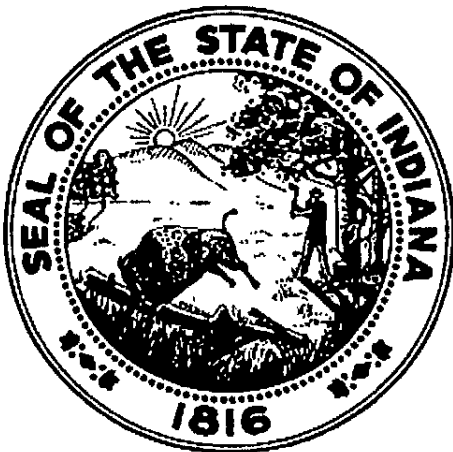
I, Connie Lawson, Secretary of State of Indiana, do hereby certify that I am, by virtue of the laws of the State of Indiana, the custodian of the corporate records, and proper official to execute this certificate.

I further certify that records of this office disclose that

MEDICAL STAFFING SOLUTIONS, LLC

duly filed the requisite documents to commence business activities under the laws of State of Indiana on November 29, 2001, and was in existence or authorized to transact business in the State of Indiana on August 14, 2014.

I further certify this Domestic Limited Liability Company (LLC) has filed its most recent report required by Indiana law with the Secretary of State, or is not yet required to file such report, and that no notice of withdrawal, dissolution or expiration has been filed or taken place.



In Witness Whereof, I have hereunto set my hand and affixed the seal of the State of Indiana, at the city of Indianapolis, this Fourteenth Day of August, 2014.

Connie Lawson

Connie Lawson, Secretary of State

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SECRETARY OF STATE
INDIANAPOLIS, INDIANA

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

IN COMPLIANCE WITH SECTION 605.0902, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A
FOREIGN LIMITED LIABILITY COMPANY TO TRANSACTION BUSINESS IN THE STATE OF FLORIDA:

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

Medical Staffing, LLC
(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "L.L.C.," or "LLC.")

2. Indiana 3. 352156342
(Jurisdiction under the law of which foreign limited liability company is organized) (FEI number, if applicable)

4. N/A
(Date first transacted business in Florida, if prior to registration.)
(See sections 605.0904 & 605.0905, F.S. to determine penalty liability)

5. 8601 N. Kentucky Ave., Suite A
Evansville, Indiana 47725
(Street Address of Principal Office)

6. 860 N. Kentucky Ave., Suite A
Evansville, Indiana 47725
(Mailing Address)

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TALLAHASSEE, FLORIDA

7. The name, title or capacity and address of the person(s) who has/have authority to manage is/are:

Melanie Theriac, CEO - 309 N. Hyde Park, Vincennes, IN 47591
Joan Reneer, COO - 10687 S. Oak Ridge Estates, Haubstadt, IN 47639

8. 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)

Melanie R. Theriac CEO
Signature of an authorized person

(In accordance with section 605.0203, F.S., the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any 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.)

Melanie R. Theriac CEO
Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113 or 605.0902 (1)(d), 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:

Medical Staffing Solutions, LLC

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

Medical Staffing, LLC


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

InCorp Services, Inc.
(Name)

17888 67TH Court North
Florida Street Address (P.O. Box NOT ACCEPTABLE)

Loxahatchee, FL 33470
City/State/Zip

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 605, Florida Statutes.

 Heather Nee for InCorp Services, Inc.
(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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TALLAHASSEE, FLORIDA

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