

ND30000002766

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

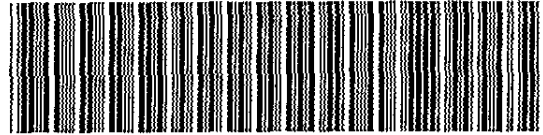
(Document Number)

Certified Copies ☒

Certificates of Status ☒

Special Instructions to Filing Officer:

Office Use Only



600014444256

03/25/03--01028--008 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 MAR 25 PM 3:38

FILED

4-1-03
[Signature]

TRANSMITTAL LETTER

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: Alliance of Healthcare Staffing & Recruiting Associations, Inc.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee &
Certificate of
Status

☐ \$78.75
Filing Fee
& Certified Copy

☒ \$87.50
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: Willard S. Kautter
Name (Printed or typed)

222 S. Westmonte Drive, #101
Address

Altamonte Springs, FL 32714
City, State & Zip

407-774-7880
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles.

Sent 3/24/03

FILED

03 MAR 25 PM 3: 38

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**ARTICLES OF INCORPORATION
ALLIANCE OF HEALTHCARE STAFFING & RECRUITING ASSOCIATIONS, INC.
A Corporation Not for Profit**

ARTICLE I – NAME

The name of the corporation shall be Alliance of Healthcare Staffing & Recruiting Associations, Inc.

ARTICLE II – PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

222 S. Westmonte Drive, #101
Altamonte Springs, FL 32714

ARTICLE III – PURPOSE

The purpose for which the corporation is organized shall be to provide a forum for common education and professional advancement for Alliance members and enhance the awareness of its staffing and recruiting services to the healthcare industry, creating a legislative voice focused on trends impacting the profession.

ARTICLE IV – MANNER OF ELECTION

The Board of Directors shall consist of representatives of all Sectors of the Alliance, which shall be entitled to at least one representative on the Board of Directors unless otherwise provided for in these Bylaws. The Executive Committee shall determine the number of and allocation method for members of the Board of Directors from time to time.

ARTICLE V – INITIAL DIRECTORS/OFFICERS

The persons constituting the first Board of Directors and who are to serve as Directors until the first election are as follow:

Julie Sherriff, President
Sherriff & Associates, Inc.
4200 Somerset Ste 256
Prairie Village KS 66208

Gregory Kurmadas, Vice President
Whitaker Medical
1200 Enclave Pkwy #200
Houston TX 77077-1733

Nathan Yoder, Treasurer
Daniel & Yeager
6767 Old Madison Pike #690
Huntsville AL 35806

Neal Fenster, Secretary
Enterprise Medical Services
12825 Flushing Meadow Dr
St Louis MO 63131

Rich Cornell, Director
Integro Medical Services, LLC
12545 Olive Blvd. #257
St. Louis MO 63141

Jamey Morgan, Director
Concorde Physician Source
735 N Water St
Milwaukee WI 53202

ARTICLE VI – INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the registered agent is:

Willard S. Kautter
222 S. Westmonte Drive, #101
Altamonte Springs, FL 32714


ARTICLE VII – INCORPORATOR

The name and address of the Incorporator is:

Willard S. Kautter
222 S. Westmonte Drive, #101
Altamonte Springs, FL 32714

IN WITNESS WHEREOF, the undersigned being the incorporator of this corporation have executed these Articles of Incorporation.

Signature of Incorporator:


Willard S. Kautter, Incorporator

03 MAR 25 PM 3:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

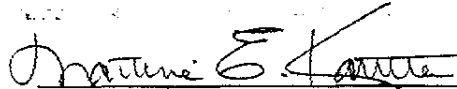
STATE OF FLORIDA
COUNTY OF SEMINOLE

Before me, the undersigned authority, personally appeared Willard S. Kautter, to me well known to be the person who executed the foregoing articles of incorporation and acknowledge before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth. IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of

January, 2003

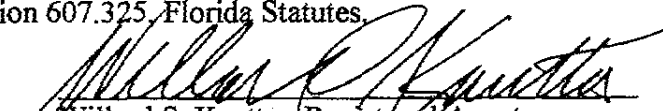


(SEAL)
Martine E. Kautter
MY COMMISSION # CC898850 EXPIRES
March 7, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


(Notary Public)

ACCEPTANCE BY REGISTERED AGENT:

Having been named to accept service of process for the above stated corporation, at the place designated in this certificate, I hereby agree to act in this capacity, and I further agree to comply with the provisions of all statutes relative to the proper and complete performance of my duties, and I accept the duties and obligations of Section 607.325, Florida Statutes.


Willard S. Kautter, Registered Agent

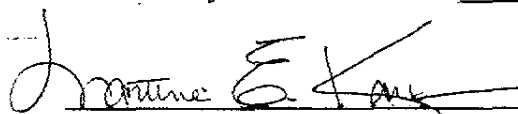
STATE OF FLORIDA
COUNTY OF SEMINOLE

Before me, the undersigned authority, personally appeared Willard S. Kautter, to me well known to be the person who executed the foregoing articles of incorporation and acknowledge before me, according to law, that he made and subscribed the same for the purposes therein mentioned and set forth. IN WITNESS WHEREOF, I have hereunto set my hand and seal this 6th day of

January, 2003



(SEAL)
Martine E. Kautter
MY COMMISSION # CC898850 EXPIRES
March 7, 2004
BONDED THRU TROY FAIR INSURANCE, INC.


(Notary Public)