

**N080000002002**

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

☐ PICK-UP    ☐ WAIT    ☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
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*EP 2/25/08*

## COVER LETTER

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

SUBJECT: National Association of Temporary Healthcare Organizations, 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, Ste. 101  
Address

Altamonte Springs, Florida 32714  
City, State & Zip

407-774-7880  
Daytime Telephone number

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

**ARTICLES OF INCORPORATION**  
In Compliance with Chapter 617, F.S., (Not for Profit)

**ARTICLE I    NAME**

The name of the corporation shall be:

National Association of Temporary Organizations, 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 is:

The purpose for which the corporation is organized shall be to provide a forum for companies and individuals providing services to the temporary healthcare industry and to promote sound business practices among the corporation's members and those members' clients.

**ARTICLE IV    MANNER OF ELECTION**

The manner in which the directors are elected or appointed:

The members of the Board of Directors of this corporation shall be elected by written ballot vote of the Active Members of the Association. Election shall be held through a ballot to be distributed to each Active Member listing the names, background information, and position statement of all persons nominated. The ballot for election shall be sent by electronic mail, U.S. postal mail and/or facsimile to each voting member no later than thirty (30) days prior to the date of the annual meeting of the corporation.

**ARTICLE V    INITIAL DIRECTORS AND/OR OFFICERS**

List name(s), address(es) and specific title(s):

Mark Stagen, Director  
Emerald Health Services  
4640 Admiralty Way #600  
Marina Del Ray, CA 90292

Don DeCamp, Director  
CompHealth  
6440 S. Millrock Dr  
Salt Lake City, UT 84121

David Baldrige  
CompHealth  
6440 S. Millrock Dr  
Salt Lake City, UT 84121

**ARTICLE VI    INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

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

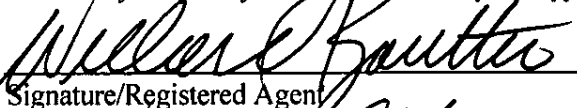
**ARTICLE VII    INCORPORATOR**

The name and address of the Incorporator is:

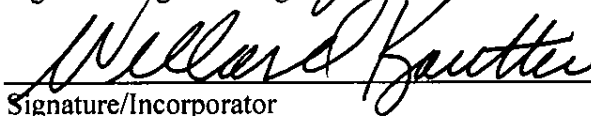
Willard S. Kautter  
222 S. Westmonte Drive #101  
Altamonte Springs, FL 32714

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*Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity.*

  
\_\_\_\_\_  
Signature/Registered Agent

February 19, 2008  
\_\_\_\_\_  
Date

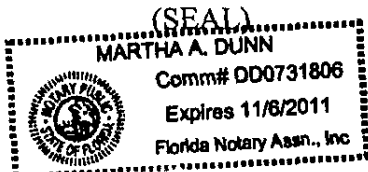
  
\_\_\_\_\_  
Signature/Incorporator

February 19, 2008  
\_\_\_\_\_  
Date

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DIVISION OF CORPORATIONS  
08 FEB 25 PM 1:18

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 20th day of February, 2008.



Martha A. Dunn  
(Notary Public)

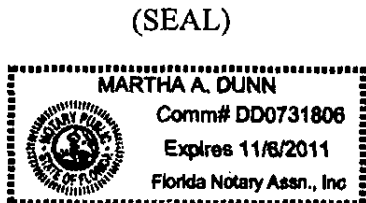
ACCEPTANCE BY REGISTERED AGENT:

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 607.225, Florida Statutes.

Willard S. Kautter  
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 20th day of February, 2008.



Martha A. Dunn  
(Notary Public)

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