

P08000036419

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

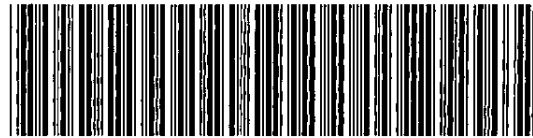
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DIVISION OF CORPORATIONS
08 APR -9 PM 3:39

4/9/08

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 3:39

TRANSMITTAL LETTER

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

SUBJECT: Domestication of A+ NurseTemps, Inc.

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

FEES:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

OPTIONAL:

Certificate of Status	\$ 8.75
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FROM: Michael Arthur

Name (printed or typed)

2226 Highway 44 West

Address

Inverness, FL 34453

City, State & Zip

352-344-9828

Daytime Telephone Number

CERTIFICATE OF DOMESTICATION

The undersigned, Michael Arthur, President,
(Name) (Title)

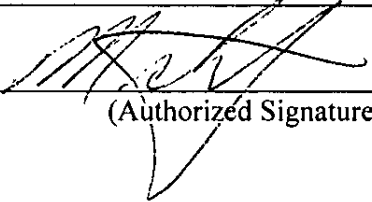
of A+ NurseTemps, Inc. a foreign corporation,
(Corporation Name)

in accordance with s. 607.1801, Florida Statutes, does hereby certify:

1. The date on which corporation was first formed was November 1, 1999.
2. The jurisdiction where the above named corporation was first formed, incorporated, or otherwise came into being was Ohio.
3. The name of the corporation immediately prior to the filing of this Certificate of Domestication was A+ NurseTemps, Inc.
4. The name of the corporation, as set forth in its articles of incorporation, to be filed pursuant to s. 607.0202 and 607.0401 with this certificate is A+ NurseTemps, Inc.
5. The jurisdiction that constituted the seat, siege social, or principal place of business or central administration of the corporation, or any other equivalent jurisdiction under applicable law, immediately before the filing of the Certificate of Domestication was Ohio
6. Attached are Florida articles of incorporation to complete the domestication requirements pursuant to s. 607.1801.

I am President, of A+ NurseTemps, Inc.

and am authorized to sign this Certificate of Domestication on behalf of the corporation and have done so this the 8th day of April, 2008.


(Authorized Signature)

Filing Fee:

Certificate of Domestication	\$50.00
Articles of Incorporation and Certified Copy	<u>\$78.75</u>
Total to domesticate and file	\$128.75

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ARTICLES OF INCORPORATION
IN COMPLIANCE WITH CHAPTER 607, F.S.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

08 APR -9 PM 3:39

ARTICLE I NAME

THE NAME OF THE CORPORATION SHALL BE:

A+ NurseTemps, Inc.

ARTICLE II PRINCIPAL OFFICE

THE PRINCIPAL PLACE OF BUSINESS/ MAILING ADDRESS IS:

2226 Highway 44 West
Inverness, FL 34453

ARTICLE III PURPOSE

THE PURPOSE FOR WHICH THE CORPORATION IS ORGANIZED:

Any and all lawful business.

ARTICLE IV SHARES

THE NUMBER OF SHARES OF STOCK IS:

100

ARTICLE V INITIAL DIRECTORS AND/ OR OFFICERS

THE NAME(S) AND ADDRESS(ES) AND SPECIFIC TITLES:

MICHAEL J ARTHUR, President
2226 Highway 44 West
INVERNESS, FL 34453

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

THE NAME AND FLORIDA STREET ADDRESS (P.O. BOX NOT ACCEPTABLE) OF THE REGISTERED AGENT IS:

MICHAEL J ARTHUR
2226 Highway 44 West
INVERNESS, FL 34453

ARTICLE VII INCORPORATOR

THE NAME AND ADDRESS OF THE INCORPORATOR IS:

MICHAEL J ARTHUR
2226 Highway 44 West
INVERNESS, FL 34453

HAVING BEEN NAMED AS REGISTERED AGENT AND 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

Date

4-8-2008

Signature/Incorporator

Date

4-8-2008