

F0700000 4680

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

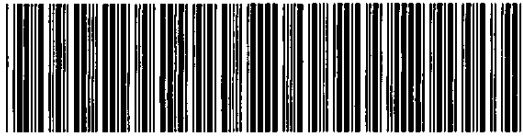
Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

WD7-42896

Office Use Only

[Handwritten Signature]
9/20



200108573972

08/29/07--01032--011 **70.00

FILED
2007 SEP 20 P11 3:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 30, 2007

PATRICIA MEYER
LIBERTY NURSING AGENCY INC
426 HERBERTSVILLE RD.
BRICK, NJ 08724

SUBJECT: LIBERTY NURSING AGENCY, INC.
Ref. Number: W07000042896

We have received your document for LIBERTY NURSING AGENCY, INC. and your check(s) totaling \$70.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6934.

Loria Poole
Document Specialist

Letter Number: 007A00052137

DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

07 SEP 20 PM 12:20

RECEIVED

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Liberty Nursing Agency, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Patricia Meyer
(Name of Person)

Liberty Nursing Agency, Inc
(Firm/Company)

426 Herbertsville Rd.
(Address)

Brick, NJ 08724
(City/State and Zip code)

For further information concerning this matter, please call:

Patricia Meyer at (732) 749-4700
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- \$70.00 Filing Fee
- \$78.75 Filing Fee & Certificate of Status
- \$78.75 Filing Fee & Certified Copy
- \$87.50 Filing Fee, Certificate of Status & Certified Copy

APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT BUSINESS IN FLORIDA

IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Liberty Nursing Agency, Inc. (Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION," "Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

TA Liberty Nursing Agency, Inc of Florida (If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. New Jersey 3. 20-4858064 (State or country under the law of which it is incorporated) (FEI number, if applicable)

4. May 19, 2006 5. perpetual (Date of incorporation) (Duration: Year corp. will cease to exist or "perpetual")

6. N/A (Date first transacted business in Florida, if prior to registration) (SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 426 Herbertsville Rd. Brick, NJ 08724 (Principal office address)

426 Herbertsville Rd Brick, NJ 08724 (Current mailing address)

8. to supply supplemental nurses to hospitals & nursing homes (Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Brian FLYNN

Office Address: 236 EAST HORNBEAM DRIVE LONGWOOD, Florida 32779 (City) (Zip code)

2007 SEP 20 PM 3:1 FILED SECRETARY OF STATE TALLAHASSEE, FLORIDA

10. Registered agent's acceptance:

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Brian J. Flynn (Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: Patricia Meyer

Address: 320 Greentree Rd
Brick, NJ 08724

Vice Chairman: N/A

Address: _____

Director: N/A

Address: _____

Director: N/A

Address: _____

B. OFFICERS

President: Patricia Meyer

Address: 320 Greentree Rd.
Brick, NJ 08724

Vice President: Matthew FLYNN

Address: 58 Bennetts Mill Rd.
Jackson, NJ 08527

Secretary: Pamela FLYNN

Address: 58 Bennetts Mill Rd. Jackson, NJ 08527

Treasurer: Pamela FLYNN

Address: 58 Bennetts Mill Rd. Jackson, NJ 08527

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. Patricia Meyer
(Signature of Director or Officer listed in number 12 of the application)

14. PATRICIA MEYER President / Director
(Typed or printed name and capacity of person signing application)

Matthew C Flynn Vice President
Pamela A Flynn Treasurer / Secretary

**STATE OF NEW JERSEY
DEPARTMENT OF TREASURY
SHORT FORM STANDING**

LIBERTY NURSING AGENCY, INC.

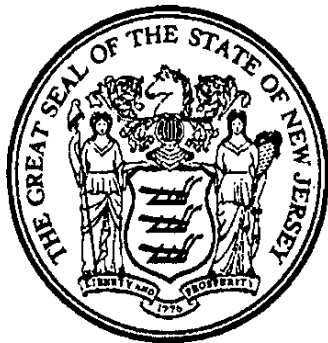
0100963371

I, the Treasurer of the State of New Jersey, do hereby certify that the above-named New Jersey Domestic Profit Corporation was registered by this office on May 19, 2006.

As of the date of this certificate, said business continues as an active business in good standing in the State of New Jersey, and its Annual Reports are current.

I further certify that the registered agent and registered office are:

*Patricia Meyer
320 Greentree Road
Brick, NJ 08724*



Certification# 111188345

*IN TESTIMONY WHEREOF, I have
hereunto set my hand and affixed my
Official Seal at Trenton, this 4th
day of September, 2007*

Bradley Abelow

*Bradley Abelow
State Treasurer*

Verify this certificate at
https://www1.state.nj.us/TYTR_StandingCert/JSP/Verify_Cert.jsp