



Application for Authority to Transact Business - Business/Professional

Secretary of State - Corporation Division - 255 Capitol St. NE, Suite 151 - Salem, Oregon 97331-1100 Phone: (503) 986-2200

Check the appropriate box below:

Foreign Business Corporation (Complete only 1, 2, 3, 4, 5, 6, 7, 8, 9, 11)

Foreign Professional Corporation (Complete all items)

FILED: SEP 24, 2021 OREGON SECRETARY OF STATE



187419297-22608355

CORSTRATA NURSING SERVICES, LLC NEWAUT

REGISTRY NUMBER: 187419297 For office use only

In accordance with Oregon Revised Statute 192.410-192.490, the information on this application is public record. We must release this information to all parties upon request and it will be posted on our website.

For office use only

Please Type or Print Legibly in Black Ink. Attach Additional Sheet if Necessary.

1) NAME OF CORPORATION: Corstrata Nursing Services, PC

NOTE: Must be identical to the name of record in home jurisdiction.

2) REGISTRY NUMBER IN HOME JURISDICTION

8) ADDRESS FOR MAILING NOTICES:

OR: CERTIFICATE OF EXISTENCE (ATTACHED)

112 Sweet Bailey Cove Savannah, GA 31410

(Please provide a web-verifiable registry number from the entity's home jurisdiction. Certain states, such as Delaware and New Jersey, do not provide status information online. Entities from such places must instead attach an official certificate of existence, current within 60 days of delivery to this office.)

3) DATE OF INCORPORATION: 03/22/2021 DURATION, IF NOT PERPETUAL:

9) NAME AND ADDRESS OF PRESIDENT AND SECRETARY:

President: Janice Cuzzell

4) STATE OR COUNTRY OF ORGANIZATION: Georgia

Address: 112 Sweet Bailey Cove Savannah GA 31410

5) ADDRESS OF PRINCIPAL OFFICE OF THE BUSINESS: 112 Sweet Bailey Cove, Savannah GA 31410

Secretary: Janice Cuzzell

Address: 112 Sweet Bailey Cove Savannah GA 31410

6) NAME OF OREGON REGISTERED AGENT: C T Corporation System

PROFESSIONAL CORPORATION ONLY

7) REGISTERED AGENT'S PUBLICLY AVAILABLE ADDRESS: 780 Commercial Street SE, Ste. 100 Salem, OR 97301

10) PROFESSIONAL/BUSINESS SERVICES: (List professional service(s) and other business services, if applicable, to be rendered.)

the provision of registered nursing services and all ancillary acts and business permitted by law

11) EXECUTION: (Must be signed by at least one officer or director.)

I declare as an authorized signer, under penalty of perjury, that this document does not fraudulently conceal, fraudulently obscure, fraudulently alter or otherwise misrepresent the identity of the person or any officers, directors, employees or agents of the corporation. This filing has been examined by me and is, to the best of my knowledge and belief true, correct, and complete. Making false statements in this document is against the law and may be penalized by fines, imprisonment or both.

Signature:

Janice Cuzzell

Printed Name:

Janice Cuzzell

Title:

President

CONTACT NAME: (To resolve questions with this filing.)

Robert Reynolds

PHONE NUMBER: (Please include area code.)

417-496-2467

FEES

Required Processing Fee \$275

Processing Fees are nonrefundable. Please make check payable to "Corporation Division."

Free copies are available at sos.oregon.gov/business using the Business Name Search program.