

Filing Fee: \$150.00

ID Number: 1571670



STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS

Office of the Secretary of State  
Corporations Division  
148 W. River Street  
Providence, Rhode Island 02904-2615

LIMITED LIABILITY COMPANY

APPLICATION FOR REGISTRATION

Pursuant to the provisions of Section 7-16-43 of the General Laws of Rhode Island, 1956, as amended, the undersigned foreign limited liability company hereby applies for a Certificate of Registration to transact business in the state of Rhode Island, and for that purpose submits the following statement:

- The name of the limited liability company is TRAVEL NURSE SOLUTIONS, LLC
- The name, if different, under which it proposes to register and transact business in Rhode Island is \_\_\_\_\_
- The limited liability company is organized under the laws of GEORGIA
- The date of its organization is February 24, 2006
- The period of duration of the limited liability company is (if perpetual, so state) perpetual
- The address of the limited liability company's resident agent in Rhode Island is:  
222 Jefferson Boulevard, Suite 200 Warwick , RI 02888  
(Street Address, not P.O. Box) (City/Town) (Zip Code)  
and the name of the resident agent at such address is Corporation Service Company  
(Name of Agent)
- The secretary of state is appointed the agent of the foreign limited liability company for service of process if at any time there is no resident agent or if the resident agent cannot be found or served following the exercise of reasonable diligence
- The address of any office required to be maintained in the state or other jurisdiction under the laws of which the limited liability company is organized is:  
3650 Mansell Road Ste 300  
Alpharetta GA 30022
- The mailing address for the limited liability company is:  
3650 Mansell Road Ste 300  
Alpharetta GA 30022

**FILED**

JUL 28 2006

By [Signature]  
17-073106

10. Management of the Limited Liability Company.

A The limited liability company is to be managed  by its members (If you have checked this box, go to item no. 11.)

or

B The limited liability company is to be managed  by one (1) or more managers (If the limited liability company has managers at the time of the filing of these Articles of Organization, state the name and address of each manager.)

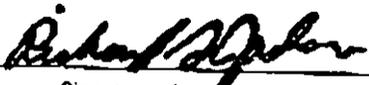
<u>Manager</u>	<u>Address</u>
Richard L. Jackson	3650 Mansell Road, Suite 300, Alpharetta, Ga 30022

11 This application is accompanied by a certificate of good standing duly authenticated by the secretary of state or other authorized officer of the jurisdiction under which the foreign limited liability company was organized.

Under penalty of perjury, I declare and affirm that I have examined this Application for Registration, including any accompanying attachments, and that all statements contained herein are true and correct.

Date: July 12, 2006

Travel Nurse Solutions, LLC  
Print Exact Name of Limited Liability Company Making Application

By   
Signature of authorized person

# STATE OF GEORGIA

## Secretary of State

Corporations Division  
315 West Tower  
#2 Martin Luther King, Jr. Dr.  
Atlanta, Georgia 30334-1530

## CERTIFICATE OF EXISTENCE

I, Cathy Cox, Secretary of State and the Corporations Commissioner of the state of Georgia, hereby certify under the seal of my office that

### TRAVEL NURSE SOLUTIONS, LLC

#### Domestic Limited Liability Company

was formed or was authorized to transact business on 02/24/2006 in Georgia. Said entity is in compliance with the applicable filing and annual registration provisions of Title 14 of the Official Code of Georgia Annotated and has not filed articles of dissolution, certificate of cancellation or any other similar document with the office of the Secretary of State.

This certificate relates only to the legal existence of the above-named entity as of the date issued. It does not certify whether or not a notice of intent to dissolve, an application for withdrawal, a statement of commencement of winding up or any other similar document has been filed or is pending with the Secretary of State.

This certificate is issued pursuant to Title 14 of the Official Code of Georgia Annotated and is prima-facie evidence that said entity is in existence or is authorized to transact business in this state.



WITNESS my hand and official seal of the City of Atlanta and the State of Georgia on 27th day of July, 2006

A handwritten signature in cursive script, appearing to read "Cathy Cox".

Cathy Cox  
Secretary of State