DOC ID ----> 200904201952

DATE:	DOCUMENT ID	DESCRIPTION	FILING	EXPED	PENALTY	CERT	COPY
02/12/2009	200904201952	TRADE NAME/ORIGINAL FILING (RNO)	50.00	.00	.00	.00	.00

Receipt

This is not a bill. Please do not remit payment.

CHASE
5055 N. HAMILTON ROAD
GAHANNA, OH 43230

STATE OF OHIO
CERTIFICATE
Ohio Secretary of State, Jennifer Brunner

1835656

It is hereby certified that the Secretary of State of Ohio has custody of the business records for

AMERICANNURSES.COM

and, that said business records show the filing and recording of:

Document(s)

TRADE NAME/ORIGINAL FILING

Date of First Use: 01/01/2003
Expiration Date: 02/11/2014

Document No(s):

200904201952

DEEMSYS INC.
800 CROSS POINTE ROAD
GAHANNA, HT 43230

United States of America
State of Ohio
Office of the Secretary of State

Witness my hand and the seal of the Secretary of State at Columbus, Ohio this 11th day of February, A.D. 2009.

Ohio Secretary of State

DOC ID ----> 200904201952

Form 534A Prescribed by the:
Ohio Secretary of State

Central Ohio: (614) 466-3910
Toll Free: (877) SOS-FILE (767-3453)

www.sos.state.oh.us
Busserv@sos.state.oh.us

Expedite this form: (select one)
Mail form to one of the following:

○ Expedite — PO Box 1390, Columbus, OH 43216

*** Requires an additional fee of $100 ***

● Non Expedite — PO Box 670, Columbus, OH 43216

2009 FEB 1 AM 9:24

NAME REGISTRATION
Filing Fee $50

(CHECK ONLY ONE (1) BOX)

☑ Trade Name (167-RNO) Date of first use: 01/01/2003	☐ Fictitious Name (169-NFO)

Name being registered or reported: Americannurses.com

Name of the Registrant: Deemsys Inc

NOTE: If the registrant is a foreign corporation licensed in Ohio under an assumed name, provide the assumed name and the name as registered in its jurisdiction of formation.

The Registrant is a(n): (Check only one (1) box)

- ☐ Individual
- ☐ Partnership
  Registration # , if any _____
- ☐ Limited Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☐ Limited Liability Partnership
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☐ Limited Liability Company
  Registration # _____
  If foreign, Jurisdiction of Formation _____
- ☑ Ohio Corporation
  Charter # 1440520
- ☐ Foreign Corporation
  Ohio license # _____
  Jurisdiction of Formation _____
- ☐ Unincorporated Association
- ☐ Professional Association
- ☐ Other

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All registrants must complete the information in this section

Business address:

800 Cross Pointe Rd
Mailing Address

Gahanna | Oh | 43230
City | State | Zip Code

The general nature of the business conducted by the registrant:

Online CE courses

Complete the information in this section if registrant is a partnership not registered in Ohio

Provide the name and address of at least one general partner:

Name	Address

NOTE: Pursuant to OAG 89-081, if a general partner is a foreign corporation, it must be licensed to transact business in Ohio; if a general partner is a foreign corporation licensed in Ohio under an assumed name, please provide the assumed name and the name as registered in its jurisdiction of formation.

By signing and submitting this form to the Ohio Secretary of State, the undersigned hereby certifies that he or she has the requisite authority to execute this document.

REQUIRED
Must be authenticated **(signed)** by the registrant or an authorized representative

Signature — 2/09/2009 Date

Jacob Benjamin
Print Name

Signature — Date

Print Name