

POS000035921

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

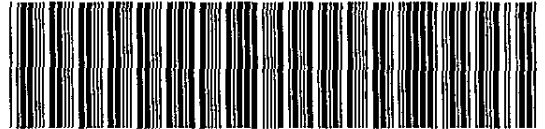
(Business Entity Name)

(Document Number)

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WASHINGTON, D.C. 20535

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TRANSMITTAL LETTER

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

SUBJECT: Available Nurses Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

\$70.00  
Filing Fee

\$78.75  
Filing Fee  
& Certificate of Status

\$78.75  
Filing Fee  
& Certified Copy

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

**ADDITIONAL COPY REQUIRED**

FROM: Lois Harari  
Name (Printed or typed)

1013 Hampton Circle  
Address

Naples, FL 34109  
City, State & Zip

(239) 777-7693  
Daytime Telephone number

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05 MAR -9 PM 3:37  
TALLAHASSEE, FL 32314

**NOTE: Please provide the original and one copy of the articles.**

