

P09000054153

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000147935 3)))



H090001479353ABC6

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : FASTKIT CORPORATE OUTFITS
Account Number : 071001002335
Phone : (305) 599-0839
Fax Number : (305) 716-0346

FILED
09 JUN 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA PROFIT/NON PROFIT CORPORATION

MICHELE NURSING INC.

EP 6/23/09

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$78.75

RECEIVED
DEPARTMENT OF STATE
09 JUN 22 PM 1:14

Electronic Filing Menu

Corporate Filing Menu

Help

FILED
09 JUN 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORPORATION
ARTICLES OF INCORPORATION

OF: MICHELE NURSING INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I.

THE NAME OF THE CORPORATION SHALL BE:
MICHELE NURSING INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:
6413 N.W. 192ND TERRACE
HIALEAH MIAMI LAKES, FLORIDA 33015

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:
\$1.00 PAR VALUE AT @1000 ONE THOUSAND DOLLARS (\$1000.00) AT \$1.00 ONE DOLLAR PAR VALUE.

1000 shares @ \$1.00 PV

ARTICLE IV. TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

ARTICLES OF CORPORATION

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):

PRESIDENT: MICHELE GABRIEL
6413 N.W. 192ND TERRACE
HIALEAH MIAMI LAKES, FLORIDA 33015

VICE PRES

FILED
09 JUN 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VI. INCORPORATOR (S)

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS ARTICLES OF INCORPORATION IS (ARE):

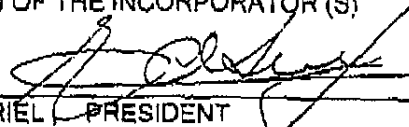
PRESIDENT: MICHELE GABRIEL
6413 N.W. 192ND TERRACE
HIALEAH MIAMI LAKES, FLORIDA 33015

VICE- PRES:

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109

ARTICLES OF CORPORATION
EXECUTED THESE ARTICLES OF INCORPORATION THIS: JUNE 15TH, 2009

SIGNATURE (S) OF THE INCORPORATOR (S)


MICHELE GABRIEL, PRESIDENT

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND REGISTERED OFFICE



BARBARA A. FOUST
MY COMMISSION # DD 741074
EXPIRES: December 10, 2011
Bonded thru Budget Notary Services

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

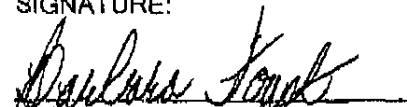
THE NAME OF THE CORPORATION:

MICHELE NURSING INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109

SIGNATURE:


BARBARA FOUST

TITLE: REGISTERED AGENT


DATE: JUNE 15TH, 2009

FILED
09 JUN 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF CORPORATION

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA STATUTES.

SIGNATURE:


BARBARA FOUST

DATE:

JUNE 15TH, 2009

FILED
09 JUN 22 AM 11:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

PREPARED BY: BARBARA FOUST
3401 N.W. 202ND STREET
MIAMI GARDENS, FLORIDA 33056-1722
(305) - 623-5109 - (OFFICE)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE) EXECUTED THESE ARTICLES OF INCORPORATION THIS: JUNE 15TH, 2009 .