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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

June 15, 2011

MARIE M. LAURENT  
670 N.E. 160TH TER.  
MIAMI, FL 33162

SUBJECT: COMPREHENSIVE NURSING SERVICES, INC.  
Ref. Number: W11000030473

We have received your document for COMPREHENSIVE NURSING SERVICES, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

If you have any further questions concerning your document, please call (850) 245-6921.

Maryanne Dickey  
Regulatory Specialist II Supervisor  
New Filing Section

Letter Number: 511A00013626

**COVER LETTER**

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

SUBJECT: COMPREHENSIVE NURSING SERVICES, 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: MARIE M. LAURENT  
Name (Printed or typed)

670 NE 160th TER  
Address

MIAMI, FL 33162  
City, State & Zip

305-469-4474  
Daytime Telephone number

michelle.laurent@yahoo.com  
E-mail address: (to be used for future annual report notification)

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

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Comprehensive Nursing Services, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
670 NE 160 TER
MIAMI, FL 33162

Mailing address, if different is:

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TALLAHASSEE, FLORIDA

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
To provide Nursing services To patients at their Ho

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: MARIE M. LAURENT, PRESIDENT
Address: 670 NE 160 TER MIAMI, FL 33162

Name and Title: WILBERT LAURENT DIRECTOR
Address: 670 NE 160 TER MIAMI, FL 33162

Name and Title:
Address:
Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Name: WILBERT LAURENT
Address: 670 NE 160 TER MIAMI, FL 33162

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: WILBERT LAURENT
Address: 670 NE 160 TER MIAMI, FL 33162

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity

Required Signature/Registered Agent

6-1-2011
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Required Signature/Incorporator

6-1-2011
Date