

N09000002242

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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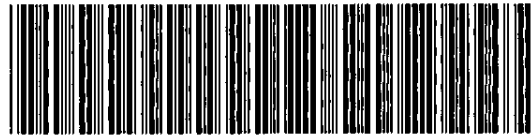
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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FILED
2009 MAR -5 AM 11:20
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

J. Shivers MAR 06 2009

COVER LETTER

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

SUBJECT: ANGELS FOR NURSES INC.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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

ADDITIONAL COPY REQUIRED

FROM: Donna Goudie
Name (Printed or typed)

4715 DIXIE DRIVE
Address

PONCE INLET, FLORIDA
City, State & Zip

(386) 562-3149
Daytime Telephone number

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

ARTICLES OF INCORPORATION
In Compliance with Chapter 617, F.S., (Not for Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANGELS FOR NURSES INC.

ARTICLE II PRINCIPAL OFFICE

The principal street address and mailing address, if different is:

4715 DIXIE DR. PONCE INLET FL. 32127

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO RAISE FUNDS FOR THE PURPOSE OF PROVIDING
FINANCIAL ASSISTANCE TO NURSES WITH HEALTH PROBLEMS
THAT EFFECT THEIR ABILITY TO EARN

ARTICLE IV MANNER OF ELECTION

The manner in which the directors are elected or appointed:

Appointed by INCORPORATOR

ARTICLE V INITIAL DIRECTORS AND/OR OFFICERS

List name(s), address(es) and specific title(s):

Donna Goudie CEO
4715 DIXIE DR.
PONCE INLET, FL. 32127

ARTICLE VI INITIAL REGISTERED AGENT AND STREET ADDRESS

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

SAME AS ABOVE - Donna Goudie
4715 Dixie Dr
Ponce Inlet FL 32127

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

SAME AS ABOVE - Donna Goudie
4715 Dixie Dr
Ponce Inlet, FL 32127

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.

Donna Goudie
Signature/Registered Agent

3/3/09
Date

Donna Goudie
Signature/Incorporator

3/3/09
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA