

N120000007439

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

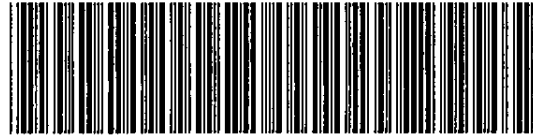
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



800224032428

03/19/12--01029--001 \*\*70.00

12 JUN 31 AM 11:59

3/20  
8

~~W120000015960~~  
W120000015960

## COVER LETTER

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

SUBJECT: Nurse Guardian, 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: Robert Warren Floyd

Name (Printed or typed)

1104 Monument Avenue

Address

Port St. Joe, FL 32456

City, State & Zip

850-229-6463

Daytime Telephone number

warren.floyd@gmail.com

E-mail address: (to be used for future annual report notification)

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

July 27, 2012

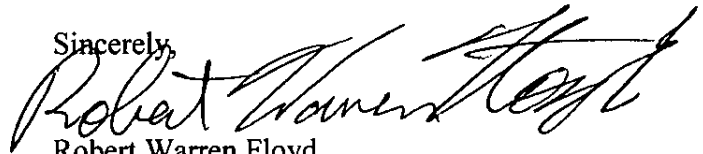
Ms. Jessica A. Fason  
Regulatory Specialist II  
Florida Department of State  
Division of Corporations  
P. O. Box 6327  
Tallahassee, FL 32314

Re: Nurse Guardian, Inc.  
Reference #: W12000015960

Dear Ms. Fason:

I have been over in Pensacola since the time this was mailed to you so it was returned to my parents home and has been there until now when I made the changes you requested and am returning them to you. I would like to keep the same address for the Registered Agent and Incorporator, however, as this is still my home. Enclosed is the corrected document and another check for \$70.00 if that is needed. Please make sure this is filed for me with the date of March 9, 2012, if possible. Thank you for your help. If there are any problems or questions, please call me at 850-899-0180 or e-mail me at [warren.floyd@gmail.com](mailto:warren.floyd@gmail.com).

Sincerely,



Robert Warren Floyd  
1104 Monument Avenue  
Port St. Joe, FL 32456

2012 JUL 31 AM 9:04

2012 JUL 31 AM 9:04

NOT RECORDED  
TO AVOID  
SUFFICIENCY OF FILING

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

**ARTICLE I NAME**

Nurse Guardian, Inc.  
The name of the corporation shall be:

**ARTICLE II PRINCIPAL OFFICE**

Principal street address  
1104 Monument Avenue  
Port St. Joe, Florida 32456

Mailing address, if different is:

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

To provide in a non-profit vehicle the accompaniment and care of hospitalized and incapacitated persons whose families are not able to be with them during those events.

**ARTICLE IV MANNER OF ELECTION**

The manner in which the directors are elected and appointed:  
The method of election of directors is as stated in the bylaws.

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Robert Warren Floyd  
Address: 1104 Monument Avenue  
Port St. Joe, Florida 32456  
President

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_  
Address: \_\_\_\_\_

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: Robert Warren Floyd  
Address: 1104 Monument Avenue  
Port St. Joe, Florida 32456

**ARTICLE VII INCORPORATOR**

The name and address of the incorporator is:

Name: Robert Warren Floyd  
Address: 1104 Monument Avenue  
Port St. Joe, Florida 32456

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

Robert Warren Floyd  
Required Signature of Registered Agent

3/9/12  
Date

I submit this document and affirm that the facts stated herein are true. I am aware that any 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.

Robert Warren Floyd  
Required Signature of Incorporator

3/9/12  
Date

12 JUL 31 AM 11:59