

***PLEASE HONOR ORIGINAL SUBMISSION DATE OF 6/23/23

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

N23000007863

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To:

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

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : I20160000017
Phone : (855)498-5500
Fax Number : (800)432-3622

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA PROFIT/NON PROFIT CORPORATION
NURSES CARE GLOBAL CORP**

Certificate of Status	0
Certified Copy	1
Page Count	07
Estimated Charge	\$78.75

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ADMINISTRATIVE
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TALLAHASSEE, FL

2023 JUN 23 PM 12:00

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850-817-6381

8/26/2023 3:27:52 PM PAGE 1/001 Fax Server



June 26, 2023

FLORIDA DEPARTMENT OF STATE
Division of Corporations

CAPITOL SERVICES, INC.

SUBJECT: NURSES CARE GLOBAL CORP
REF: W23000088958

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 617.0202(d), Florida Statutes, requires the manner in which directors are elected or appointed be contained in the articles of incorporation or a statement that the method of election of directors is as stated in the bylaws.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Dil Sultana
Regulatory Specialist II

FAX Aud. #: B23000224770
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STATE

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COVER LETTER

H23000224770

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

SUBJECT: Nurses Care Global Corp.
(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: William Denson
Name (Printed or typed)

3107 Peachtree Cw
Address

DAVIE, FL 33328
City, State & Zip

850-485-3153
Daytime Telephone number

BillDenson2016@yahoo.com
E-mail address: (to be used for future annual report notification)

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

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2023 JUN 23 PM 12:00
TALLAHASSEE, FL
DIVISION OF STATE

H23000224770

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

H23000224770

ARTICLE I NAMEThe name of the corporation shall be: Nurses Care Global Corp**ARTICLE II PRINCIPAL OFFICE**Principal ~~street~~ address:3107 Peachtree CirDavie, FL 33328

Mailing address, if different is:

5568 Woodbine RdPMB 1163Pace, FL 32571**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: Said Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

ARTICLE IV MANNER OF ELECTION The manner in which the directors are elected and appointed:

As stated in the By-laws

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORSName and Title: William Denson, P Name and Title: _____Address: 5568 Woodbine Rd Address: _____PMB 1163Pace, FL ~~30513~~ 32571

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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CLERK OF STATE
TALLAHASSEE, FL

H23000224770

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Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

ARTICLE VI REGISTERED AGENTThe name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:Name: Stephanie SchanmanAddress: 3107 Peachtree Cir
Davie, FL 33328**ARTICLE VII INCORPORATOR**The name and address of the incorporator is:Name: Stephanie Schanman, EAAddress: 3107 Peachtree Cir
Davie, FL 33328**ARTICLE VIII EFFECTIVE DATE:**

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five days prior or 90 days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.*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 of Registered Agent6-23-23

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.817.133, F.S.

Required Signature of Incorporator6-23-23

Date

H23000224770