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00 JAN 14 PH 3: 55

Department of State
Division of Corporations
P. O. Box 6327
Tollahossee FI 32314

MUTHORINATION BY PHOME TO

SECRETARY OF STATE TALLAHASSEE, FLORIDA

P. O. Box 6327 Tallahassee, FL 32314		7000030991676 -01/14/0001074004 *****78.75 *****78.75		, -
SUBJECT:	1st American Nur (Proposed corpor			*
Enclosed is an origin	al and one(1) copy of the article	es of incorporation and a	check for :	-
☐ \$70.00 Filing Fee	\$1 \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM	: Clairmont J. Ralph Name (P			
	313 SE 18th. Stree	t Address		
	Cape Coral, Fl. 33	990 State & Zip	er jager er er	e erig i in a si
irmont Ralph	941-573-6601 Day/N	ight 941–573–610 elephone number	06	다 가 가 가

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

W-19.40

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida FILED Business Corporation Act, hereby adopts the following Articles of Incorporation. 00 JAN 14 PM 3:55 ARTICLE I NAME SECRETARY OF STATE The name of the corporation shall be: TALLAHASSEE. FLORIDA 1st American Nurse Registry Inc. PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 313 SE 18th. Street Cape Coral, Fl. 33990 ARTICLE III SHARES The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 10 Shares - - - INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Clairmont J. Ralph ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Clairmont J. Ralph Sonia E. Stewart-Butler 313 SE 18th. Street 1214 SE 6th. Street

(An additional article must be added if an effective date is requested.)

Cape Coral, Fl. 33990

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

Signature/Registered Agent

Signature/Incorporator

. Fl.

Cape Coral

Date