TRANSMITTAL LETTER

P006000011486 Department of State

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

500003114885--6 -01/28/00--01086--002 *****78.75 ******78.75

SUBJECT:	The legal	Nurse Consultant Expert Inc.	
		(Proposed corporate name - must include suffix)	

Enclosed is an original	and one(1) copy	of the article	s of incorporation	and a check for:

	\$70.00
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\$78.75

Filing Fee

Filing Fee

& Certificate of Status

□\$78.75

\$87.50

Filing Fee

Filing Fee,

& Certified Copy

Certified Copy

& Certificate of

Status

ADDITIONAL COPY REQUIRED

FROM:	Jolette Ridore Name (Printed or typed)			
	3500 3 W 174 Way			
	<u>Miramar</u> , Florida 33029 City, State & Zip			
	(954) 4419501			

FILED

2000 JAN 28 PM 12: 40

SECRETARY OF STATE

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

Daytime Telephone number

FILED

ARTICLES OF INCORPORATION

2000 JAN 28 PM 12: 40 The undersigned incorporator, for the purpose of forming a corporation under the Florida SECRETARY OF STATE Business Corporation Act, hereby adopts the following Articles of Incorporation. TALLAHASSEE, FLORIDA the Legal Nurse Consultant Expert Inc. The name of the corporation shall be: ARTICLE II PRINCIPAL OFFICE The principal place of business and mailing address of this corporation shall be: 3500 SW 174 Way Miramar Plorida 33029 ARTICLE III <u>SHARES</u> The number of shares of stock that this corporation is authorized to have outstanding at any one time is: 100 all own by Yolette Ridoré INITIAL REGISTERED AGENT AND STREET ADDRESS The name and Florida street address of the initial registered agent are: Yoleth Ridoré 3500 SW 174 Way Nicramar Florida 33029 ARTICLE V INCORPORATOR The name and address of the incorporator to these Articles of Incorporation are: Yolette Ridore' 3500 SW 174 way Miramar H 33029 Signature/Incorporator (An additional article must be added if an effective date is requested.) 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 ignature/Registered Agent