

(SAMPLE LETTER OF TRANSMITTAL)

P00000011891

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

FILED
00 JAN 31 AM 10:04
SECRETARY OF STATE
TALLAHASSEE FLORIDA

Re: Professional First Assistants, PRN, Inc
(Name of Corporation)

Gentlemen:

500003116935-7
-02/01/00--01004--005
*****78.75 *****78.75

Enclosed please find the original and one copy of the Articles of Incorporation, together with my check in the amount of \$78.75

This represents the cost of the Filing Fees, Certified Copy of Articles of Incorporation and Fee for Registered Agent Designation for the above named corporation.

Very truly yours.

Shelia Cole De Freitas
(Individual's Name)

Shelia Cole De Freitas GAVE
AUTHORIZATION BY PHONE TO
CORRECT Corp. Name
DATE 2-3-00
DOC. EXAM CD

Professional Registered Nurse
First Assistants PRN, Inc.
(Name of Corporation)

MAILING ADDRESS OF CORPORATION		
16 Mirror Lake Drive		
DRMOND Bch. Fl. 32174		
PHONE		
(904) 1676-9014		
Area Code	Number	Ext.

CD
2-3-00
4

ARTICLES OF INCORPORATION

of

Professional First Assistants, P.R.N., Inc.

(name of corporation)

The undersigned acting as the incorporators of a corporation under the Florida Business Corporation Act, adopt(s) the following articles of incorporation for such corporation:

ARTICLE I - CORPORATE NAME

The name of the corporation is:

Professional First Assistants, P.R.N., Inc.

ARTICLE II - DURATION

This corporation shall exist perpetually unless dissolved according to Florida law.

ARTICLE III - PURPOSE

The corporation is organized for the purpose of engaging in any activities or business permitted under the laws of the United States and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares of common stock, par value \$ 1.00 per share.

ARTICLE V - INITIAL PRINCIPAL OFFICE

The street address of the initial principal office and, if different, the mailing address is:

STREET ADDRESS <u>16 Mirror Lake Drive</u>		
<u>Ormond Beach</u>	<u>Florida</u>	<u>32174</u>
CITY	FLORIDA	ZIP

Mailing address, if different

STREET ADDRESS		
CITY	FLORIDA	ZIP

ARTICLE VI - INITIAL REGISTERED OFFICE AND AGENT

The street address of the initial registered office and the name of the initial registered agent at the office is:

NAME <u>Sheila Cole-DeFreitas</u>		
ADDRESS <u>16 Mirror Lake Drive</u>		
CITY <u>Ormond Beach</u>	FLORIDA	ZIP <u>32174</u>

ARTICLE VII - INITIAL BOARD OF DIRECTORS

This corporation shall have 3 (Three) directors initially. The number of directors may be either increased or diminished from time to time by the By-Laws, but shall never be less than one (1). The names and addresses of the initial director(s) of the corporation are as follows:

NAME	Chrystal DeFreitas-Clark	VP / D	
ADDRESS	6090 Jasmine Vine Drive		
CITY	Port Orange	STATE	Florida ZIP 32124
NAME	Brett Alan DeFreitas	S / T / D	
ADDRESS	380 Boaz Cemetary Road		
CITY	Boaz	STATE	Ky ZIP 42027
NAME	Shelia Cole-DeFreitas	P / D	
ADDRESS	16 Mirror Lake Drive		
CITY	Ormond Beach	STATE	Florida ZIP 32174

ARTICLE VIII - INCORPORATORS

The names and addresses of the incorporators signing these Articles of Incorporation are as follows:

NAME	Sheila Cole-DeFreitas		
ADDRESS	16 Mirror Lake Drive		
CITY	Ormond Beach	STATE	Florida ZIP 32174
NAME			
ADDRESS			
CITY		STATE	ZIP
NAME			
ADDRESS			
CITY		STATE	ZIP

The undersigned incorporator(s) have executed these Articles of Incorporation this 27th day of January, 19 2000

Sheila Cole-DeFreitas (Signature)

_____ (Signature)

_____ (Signature)

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/ REGISTERED OFFICE

Professional Registered Nurse First Assistants PRN, Inc.
(name of corporation)

Pursuant to Florida Statutes Sections 48.091 and 607.0501, the following is submitted:

The above corporation, organized under the laws of the State of Florida with its registered office as indicated in the Articles of Incorporation

at 16 Mirror Lake Drive

Ormond Beach, Florida 32174

has named Sheila Cole-DeFreitas

located at the aforesaid address, as its registered agent to accept service of process within this state.

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SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

Sheila Cole-DeFreitas
(Signature)

Jan 27, 2000
(Date)