P00000042108

THE UNITED STATES

GORPORATION

C O M P A N Y

ACCOUNT NO.: 07210000032

REFERENCE 674092 136518A

AUTHORIZATION

COST LIMIT: \$ 70.00

ORDER DATE: April 25, 2000

ORDER TIME: 10:22 AM

ORDER NO. : 674092-005

CUSTOMER NO: 136518A

CUSTOMER: Timothy M. Horsting, Esq

TIMOTHY M. HORSTING, ESQ TIMOTHY M. HORSTING, ESQ

Suite 202

1515 University Drive Pompano Beach, FL 33071

DOMESTIC FILING

NAME:

LEGAL NURSE, INC.

EFFECTIVE DATE:

XX ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY

XX PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Janna Wilson

EXAMINER'S INITIALS:

1000 - 10847

PRECEIVED EMPR25 MIII: 26 PARTITION OF STATES BANGE FLORIDGES

00 APR 25 PM 5: 07



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

April 25, 2000

CSC NETWORKS 1201 HAYS STREET TALLAHASSEE, FL 32301

SUBJECT: LEGAL NURSE, INC. Ref. Number: W00000010847

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 APR 25 PM 5: 07



We have received your document for LEGAL NURSE, INC. and the authorization to debit your account in the amount of \$70.00. However, the document has not been filed and is being returned for the following:

You must list the corporation's principal office and/or a mailing address in the document.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6973.

Claretha Golden Document Specialist

Letter Number: 500A00022620



FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

00 APR 25 PM 5: 07

ARTICLES OF INCORPORATION OF LEGAL NURSE, INC.

The undersigned, acting as Incorporator(s) of a corporation under the Florida Business Corporation Act, adopt(s) the following Articles of Incorporation for such corporation:

ARTICLE I - NAME

The name of the corporation shall be LEGAL NURSE, INC.

The principal and mailing address will be located at 9400 Cascade Court, Boynton Beach,

Florida, 33437.

ARTICLE II - DURATION

The period of its duration is perpetual.

ARTICLE III - PURPOSE

The purpose of this corporation is to engage in any activities of business permitted under the laws of the United States of America and the State of Florida.

ARTICLE IV - CAPITAL STOCK

The corporation is authorized to issue 500 shares, all of one class, at \$1.00 par value.

ARTICLE V - INITIAL REGISTERED AGENT AND OFFICE

The name and address of the initial registered agent and of-

TIMOTHY M. HORSTING, ESQ. 1515 UNIVERSITY DRIVE, SUITE 202 CORAL SPRINGS, FLORIDA 33071

ARTICLE VI - INITIAL BOARD OF DIRECTORS

This corporation shall have two director(s), initially. The number of directors may be either increased or decreased from time to time by an amendment of the bylaws of the corporation in the manner provided by law, but shall never be less than one.

The name(s) and address(es) of the initial director(s) of this corporation is/are:

NAME

ADDRESS

TINA M. KOVACH President 9400 CASCADE COURT BOYNTON BEACH, FLORIDA 33437

CHRISTINE M. NELSON Vice President/ Secretary/Treasurer

9400 CASCADE COURT
BOYNTON BEACH, FLORIDA 33437

ARTICLE VII - INCORPORATORS

The name(s) and address(es) of the Incorporator(s) signing these Articles of Incorporation is/are:

NAME

<u>ADDRESS</u>

TINA M. KOVACH

9400 CASCADE COURT BOYNTON BEACH, FLORIDA 33437

CHRISTINE M. NELSON

9400 CASCADE COURT BOYNTON BEACH, FLORIDA 33437

ARTICLE VIII - AMENDMENT OF ARTICLES

This corporation reserves the right to amend or repeal any provisions contained in these Articles of Incorporation, or any Amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned Incorporator(s) has/have
executed these Articles of Incorporation, this 24 day of
APRIL , 2000: 1 100
LEGAL NURSE, INC. Jim M. Losel TINA M. KOVACH CHRISTINE M. NELSON
Incorporator Incorporator
STATE OF FLORIDA)
COUNTY OF BROWARD
BEFORE ME, the undersigned authority, authorized to administer oaths and take acknowledgments, personally appeared TINA M. KOVACH, to me well known, or who produced as identification, who executed the foregoing Articles of Incorporation and who acknowledged before me that she executed the same for the purposes therein expressed.
WITNESS my hand and official seal at CoRAL SMINGS. Bloward County, Florida, this 24 day of My Commission Expires: ///200/ Name: TIMOTHY M. HORSTING NOTARY PUBLIC STATE OF FLORIDA
STATE OF FLORIDA STATE OF FLORIDA SS: COUNTY OF BROWARD STATE OF FLORIDA SS: Cornel Side of Florida Conumission No. CC 609935 My Co.:mission Exp. 01/11/2001 COUNTY OF BROWARD
BEFORE ME, the undersigned authority, authorized to administer oaths and take acknowledgments, personally appeared CHRISTINE M. NELSON, to me well known, or who produced as identification, who executed the foregoing Articles of Incorporation and who acknowledged before me that she executed the same for the purposes therein expressed.
WITNESS my hand and official seal at
3 Solution of the commission

FILED SECRETARY OF STATE DIVISION OF CORPORATIONS

CERTIFICATE OF DESIGNATION OU APR 2 REGISTERED AGENT/REGISTERED OFFICE

00 APR 25 PM 5: 07

Pursuant to the provisions of sections 607.0501, Florida Statutes, the undersigned corporation, organized under the laws of the State of Florida, submits the following statement in designating the registered office/registered agent, in the State of Florida.

- 1. The name of the corporation is LEGAL NURSE, INC.
- 2. The name and address of the registered agent and office is:

TIMOTHY M. HORSTING, ESQ.
1515 UNIVERSITY DRIVE, SUITE 202
CORAL SPRINGS, FLORIDA 33071

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.

DATE 4/24/00

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