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TRANSMITTAL LETTER

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

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SUBJECT:	A:	NGEL CARE NURSE REC	-	UDE SUFFIX)	<u></u>		. 	
Enclosed is an	origina	al and one(1) copy of the article	es of incorporation and a	a check for :	_			
☐ \$70 Filing F		\$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	×× \$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED	of			
\mathbf{F}	ROM:	Thomas Hunter						
		Name (Printed or typed)				r 12	ana, 2°°	
		1000 East Atlantic Blvd. Suite 205N				00		
		Address		AHAS	92 NNF 00		- :-	
		Pompano Beach, Florida 33060						
		City, State & Zip			E S		Ö	
		(954) 785-0035				ب در		

F. CHASSER JUN 2 7 2000

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

Daytime Telephone number

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

ANGEL CARE NURSE REGISTRY, INC.

DO JUN 26 M 10 20 1

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1000 East Atlantic Blvd. Sarte 205N Pompano Beach, Florida 33060

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide quaified health care personnel (nurses, nursing assistants, home health aides, homemakers and companions) to patients and health care facilities.

ARTICLE IV SHARES

The number of shares of stock is:

Five Thousand (5,000) have a par value of one dollar(\$1.00) per share.

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

Thomas Hunter, President

762 Banks Road

Coconut Creek

Marlene Hunter, Vice President Fla. 33063

<u>ARTICLE VI REGISTERED AGENT</u>

The name and Florida street address of the registered agent is:

Thomas Hunter 762 Banks Road

Coconut Creek, Florida 33063

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Thomas Hunter 1000 East Atlantic Blvd. Suite 205N Pompano Beach, Florida 33060

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

Signature/Registered Agent

6-23-2000

Date

Signature/Incorporator

Q- 03

Date