# P01088381398

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

SUBJECT: Star Nurs (PROPOSED CORPORAT		UDE SUFFIX) 10000376 -02/26/01 *****78.	- 37391 01078 75 *****	——9 -005_ •78.75
Enclosed is an original and one(1) copy of the article  \$70.00 \$78.75  Filing Fee Filing Fee  & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
7700 N. KENDALL DR.,  A MIAMI, FL 33156	ste 503  State & Zip	SECRETARY OF SI	FILED 01 FEB 26 PM II	

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

Daytime Telephone number

305-274-0333



### ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

### ARTICLE I- NAME

The name of the corporation shall be:

Star Nurses, Inc.

# ARTICLE II- PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

Patricia Louis 12140 SW 202nd St., #3224 Miami, FL33177

### ARTICLE III- SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is: one thousand (1000) Common Voting shares.

# ARTICLE IV-BOARD OF DIRECTORS

The Corporation's initial Board of Directors shall consist of:

President & Director:

Patricia Louis 12140 SW 202nd St., #3224 Miami, FL33177

# ARTICLE V- INITIAL REGISTERED AGENT AND STREET ADDRESS

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

Noel W. Burns 7700 N. Kendall Dr. Suite 503 Miami, FL 33156-1868

### ARTICLE VI- INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

Patricia Louis 12140 SW 202nd St., #3224 <del>Miam</del>i, FL33177

Signature of Incorporator

Date

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 of Registered Agent

Date