

TRANSMITTAL LETTER

P01000043732

APPROVED
AND
FILED

01 MAY -1 PM 4: 11

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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT:

Kathy J. Owen RNC P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

800004104708--7

-05/02/01--01004--003

*****78.75 *****78.75

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

☐ \$70.00
Filing Fee

☐ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM:

KATHY J. OWEN RNC
Name (Printed or typed)

3377 BARROW HILL TR
Address

Tallahassee, FL 32312
City, State & Zip

906-0086 or 531-0404
Daytime Telephone number

RECEIVED

01 MAY -1 PM 4: 01

DIVISION OF CORPORATION

walk-in
will wait

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

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:

Kathy S. Owen RNC P.A.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1106m-Thomasville Rd Suite m
Tallahassee, FL 32303

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

LEGAL & CLINICAL NURSING Consultative Services

ARTICLE IV SHARES

The number of shares of stock is: 1,000

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s) and address(es):

KATHY S. OWEN - President

3377 Barrow Hill Tr.
Tallahassee, FL
32312

Joseph O. OWEN - Vice President

ARTICLE VI REGISTERED AGENT

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

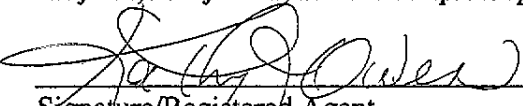
KATHY S. OWEN
1106 Thomasville Rd Suite m
Tallahassee, FL 32303

ARTICLE VII INCORPORATOR

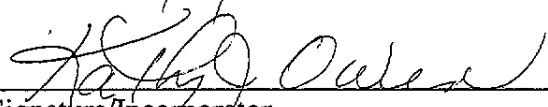
The name and address of the Incorporator is:

Kathy S. Owen RNC P.A.
3377 Barrow Hill Tr.
Tallahassee, FL 32312

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

5/1/01
Date


Signature/Incorporator

5/1/01
Date