

P01000046404
TRANSMITTAL LETTER

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

SUBJECT: ~~JN NURSING CONSULTANTS~~ J.N. CORP
(proposed corporate name)

Enclosed is an original and one (1) copy of the articles of incorporation and our check
for \$ 122.50

400002562644--7
-06/17/98--01043--019
****122.50 ****122.50
82.50

FROM:

JOAN NIMPHIUS
Name (printed or typed)
13 BLACK JACK CIRCLE
Address
DAYTONA BEACH, FL 32124
City, State, & Zip
(904) 760 2513
Telephone Number
(904) 322.9110

FILED
01 MAY -8 AM 11:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Note: Please provide the original and one copy of the Articles.

W01-9113



FLORIDA DEPARTMENT OF STATE

Katherine Harris
Secretary of State

April 23, 2001

JOAN NIMPHIUS
13 BLACK JACK CIRCLE
DAYTONA BEACH, FL 32124

SUBJECT: J.N. CORP.
Ref. Number: W01000009113

We have received your document for J.N. CORP., however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

The fees for profit and nonprofit, domestic or foreign are as follows:

Filings Fees:	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 487-6924.

Kimberly Rolfe
Corporate Specialist Supervisor
New Filings Section

Letter Number: 401A00023881

ARTICLES OF INCORPORATION

OF J.N. CONSULTANTS, INC.

~~JN NURSING CONSULTANTS~~ JN CORP

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

ARTICLE I NAME

The name of the corporation shall be:

~~JN NURSING CONSULTANTS~~

JN CORP J.N. CONSULTANTS
INC

ARTICLE II PRINCIPAL OFFICE

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

13 Black Jack Circle
Daytona Beach, FL 32124

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

1,000

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Joan Nimphius
13 Black Jack Circle
Daytona Beach, FL 32124

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Joan Nimphius
13 Black Jack Circle
Daytona Beach, FL 32124

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this
4th ~~10th~~ 20th ~~may~~ APRIL
10th day of JUNE, 1998, 2001

Joan A. Nimphius
Signature

Joan A. Nimphius
Signature

Joan A. Nimphius
Signature

CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of sections 607.0501 or 617.0501, 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: CONSULTANTS, INC
JN. CORPORATION

~~JN NURSING CONSULTANTS~~

~~JAI CORP~~

2. The name and address of the registered agent and office is:

Joan Nimphius

(NAME)

13 Black Jack Circle

(P.O. BOX NOT ACCEPTABLE)

Daytona Beach, FL 32124

(CITY/STATE/ZIP)

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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.

SIGNATURE

Joan D. Nimphius

DATE

May 4th,
April 30, 2001