

TRANSMITTAL LETTER

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

FILED

01 AUG 27 PM 12:50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Maxicare Nurse Registry, Inc
(Proposed corporate name - must include suffix)

300004558683--8

-08/27/01--01118--003

****122.50 *****~~87.50~~

43.75

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

☐ \$70.00

☐ \$78.75

☒ \$122.50

☐ \$131.25

FROM: Sylvia W. Floyd

Name (printed or typed)

9755 Cutler Ridge Drive

Address

Miami, FL 33157

City, State & Zip

305-257-2880

Daytime Telephone number

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

ARTICLES OF INCORPORATION

OF

Maxicare Nurse Registry, Inc

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:

Maxicare Nurse Registry, Inc

ARTICLE II PRINCIPAL OFFICE

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

17304 Walker Ave
Miami, FL 33157

ARTICLE III SHARES

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

Five Hundred shares of Common Stock with a par value of \$1.00
per share (\$500.00)

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Don Harrison
3759 San Simeon Circ
Weston, FL 33331

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ARTICLE V INCORPORATOR(S)

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

Sylvia W. Floyd
9755 Cutler Ridge Drive
Miami, FL 33157

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

24 day of Aug, 2001.



Signature

Signature

Signature

**Articles of Incorporation
Filing Fee - \$35**

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 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.

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TALLAHASSEE, FLORIDA

1. The name of the corporation is: Maxicare Nurse Registry, Inc

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

Don S Harrison

(Name)

3759 San Simeon Circ

(P.O. Box not acceptable)

Weston, FL 33331

(City/State/Zip)

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)

8-24-01