

P02000074974  
TRANSMITTAL LETTER

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

400006037424--2  
-06/26/02--01018--017  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Green Cross Nursing Services Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are 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: Martha Pagan  
Name (Printed or typed)

19627 Cypress Ct. E  
Address

Miami, FL 33015  
City, State & Zip

954 987 6900 x11A  
Daytime Telephone number

02 JUL 10 PM 2:48  
FILED  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

W-18689

mc 7/10



FLORIDA DEPARTMENT OF STATE

Katherine Harris  
Secretary of State

June 26, 2002

MARTHA PAGAN  
19627 CYPRESS CT E  
MIAMI, FL 33015

SUBJECT: GREEN CROSS NURSING SERVICES, INC.  
Ref. Number: W02000018689

We have received your document for GREEN CROSS NURSING SERVICES, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The person designated as incorporator in the document and the person signing as incorporator must be the same.

The person designated as registered agent in the document and the person signing as registered agent must be the same.

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) 245-6931.

Becky McKnight  
Document Specialist  
New Filing Section

Letter Number: 902A00041022

**ARTICLES OF INCORPORATION  
OF  
GREEN CROSS NURSING SERVICES INC.**

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

**ARTICLE ONE**

The name of the corporation shall be:  
Green Cross Nursing Services Inc.

**ARTICLE TWO**

The Principal place of business and mailing address of this corporation shall be:  
5201 NW 7 Street #616  
Miami, Fl 33126

**ARTICLE THREE**

The purpose for which the corporation is organized is:  
Specific for a "Professional Corporation"

**ARTICLE FOUR**

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:  
One hundred (100) shares.

**ARTICLE FIVE**

The initial name, Florida street address and title of the Officer/Director is:  
Jorge Isaac Cue  
President, Vice President  
5201 NW 7 Street #616  
Miami, Fl 33126

**FILED**  
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TALLAHASSEE, FLORIDA

ARTICLE SIX

The name and Florida street address of the initial Register Agent is:

Jorge Isaac Cue  
5201 NW 7 Street #616  
Miami, Fl 33126

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TALLAHASSEE, FLORIDA

ARTICLE SIX

The name and Florida street address of the Incorporator is:

Jorge Isaac Cue  
5201 NW 7 Street #616  
Miami, Fl 33126

  
\_\_\_\_\_  
Signature/Incorporator

Date: 7-6-02

\*\*\*\*\*

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/Registered Agent

Date: 7-6-02