## POACOCO 77214

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

SUBJECT:	NURSES	4 No	IRSES, INC	· ·
		(Proposed corpo	rate name -must include	suffix) 2000064018 -07/15/0201 *****78.75
Enclosed is an	original and one(1)	copy of the article	s of incorporation and	a check for :
☐ \$70. Filing F	Fee Fili	\$78.75 ing Fee Certificate	S122.50 Filing Fee & Certified Copy  ADDITIONAL O	\$131.25 Filing Fee, Certified Copy & Certificate
FR	ом: <u>Ro</u>	,	PT/LL rinted or typed)	CIVE
	<u>Neu</u>	) SMYRNF City,	BEACH, F.	<u> 32168</u>

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



TASECRE IS PH 2:50
TALLAHASSEE FLORIDA

## 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:	4 1
NURSES 4 NURSES, INC.	1 1 5 M 3 5 S
	100 00 00 00 00 00 00 00 00 00 00 00 00
The principal place of business and mailing address of this corporation shall be:	OFICE
70 CUNNINGHAM DRIVE	OA.
NEW SMYRNA BEACH, FL 32168	
ARTICLE III SHARES	
The number of shares of stock that this corporation is authorized to have outstanding at any one time is:	
300,000. SHARES	
ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS	
The name and Florida street address of the initial registered agent are:  SUSAN B. GLASS, CPA	
SUSAN B. GLASS, CPA	
836 S. KIDGEWOOD AVE	,
836 S. RIDGEWOOD AVE DAYTONA BEACH, FL 32114 ARTICLE V INCORPORATOR	
The name and address of the incorporator to these Articles of Incorporation are:	
RONALD GUPTILL	
\- · · -	
70 CUNNING HAM DRIVE NEW SMYRNA BEACH, FL 32168	;=
Douald Sept 1/1/02	- 1
Signature Incorporator Date	

(An additional article must be added if an effective date is requested.)

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/Registered Agent