

PO20000081514

TRANSMITTAL LETTER

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

SUBJECT: Able Nurses Corporation

Enclosed is an original and one copy of the Articles of Incorporation, a designation of registered agent, and a check for \$70.00 for incorporation of Able Nurses. Please return one copy of the Articles stamped with the filing date.

☒ \$70.00 Filing fee

FROM: Stephanie L. Roberson
6095 Oxbow Bend Lane
Port Orange, Florida 32128
(386) 304-6772

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*****70.00 *****70.00

FILED
02 JUL 26 AM 8:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Bm 7/29

ARTICLES OF INCORPORATION OF ABLE NURSES CORPORATION

In Compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

The undersigned incorporators, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt the following Articles of Incorporation:

ARTICLE 1: NAME

The name of the corporation shall be: Able Nurses Corporation.

ARTICLE 2: PRINCIPAL OFFICE

The principal place of business/ mailing address is:
6095 Oxbow Bend Lane, Port Orange, Florida, 32128.

ARTICLE 3: PURPOSE

The purpose for which the corporation is organized is to operate a home health agency.

ARTICLE 4: SHARES

All stock issued by this corporation shall be common voting stock of a single class. The number of shares of stock that this corporation is authorized to have outstanding at any time is 1,000.

ARTICLE 5: INITIAL OFFICERS/DIRECTORS

William M. Roberson, President
Stephanie L. Roberson, Vice President/Secretary/Treasurer

ARTICLE 6: REGISTERED AGENT

The name and Florida street address of the registered agent is:
Stephanie L. Roberson, 6095 Oxbow Bend Lane, Port Orange, Florida, 32128.

ARTICLE 7: INCORPORATORS

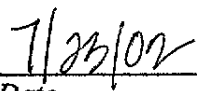
The names and address of the incorporators are:
William M. and Stephanie L. Roberson, 6095 Oxbow Bend Lane, Port Orange, Florida, 32128.

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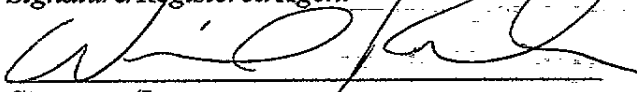
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity:



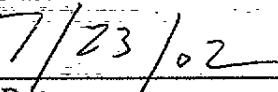
Signature/Registered Agent



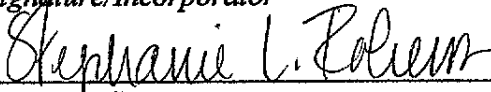
Date



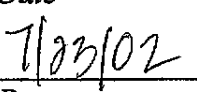
Signature/Incorporator



Date



Signature/Incorporator



Date