

TRANSMITTAL LETTER

P020000083876

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

000006865920--0  
-08/02/02--01003--004  
\*\*\*\*\*78.75 \*\*\*\*\*78.75

SUBJECT: Lee Coastal, 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: Karan McKee  
Name (Printed or typed)

2865 Velma Street  
Address

Matlacha FL. 33993  
City, State & Zip

239-218-2119  
Daytime Telephone number

FILED  
02 AUG -1 PM 1:38  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Bm 8/2

# ARTICLES OF INCORPORATION

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

## ARTICLE I NAME

The name of the corporation shall be:

Lee Coastal, Inc.

FILED  
02 AUG - 1 PM 1:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

Business: 9247 Coral Isle Way  
Ft. Myers, Fl. 33919

mailing: 15880 Summerlin Rd  
#300 Suite 230  
Ft. Myers, Fl. 33908

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to manage the  
day-to-day operations of a state licensed nurse registry office.

## ARTICLE IV SHARES

The number of shares of stock is:

100

51 - Karen McKee, Pres.  
49 - Susan Filler, Sec./Treas.

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

The name(s), address(es) and title(s):

Pres. Karen McKee  
2865 Velma Street  
Matlacha, Fl.  
33993

Sec./Treas: Susan Filler  
9247 Coral Isle Way  
Ft. Myers, Fl.  
33919

## ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Karen McKee  
2865 Velma Street  
Matlacha, Fl. 33993

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Karen McKee  
2865 Velma Street  
Matlacha, Fl. 33993

Susan Filler  
9247 Coral Isle Way  
Ft. Myers, Fl. 33919

\*\*\*\*\*  
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

Karen McKee

Signature/Registered Agent

7/29/02

Date

Karen McKee

Signature/Incorporator

7/29/02

Date

Susan Filler

7/29/02