

P02000113831

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

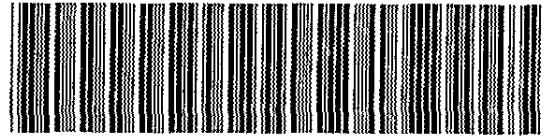
(Business Entity Name)

(Document Number)

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02 OCT 22 AM 10:23
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10-23-02

TRANSMITTAL LETTER

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

SUBJECT: Knock-out Nurse Inc.
 (Proposed corporate name - must include suffix)

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

☐ \$70.00
 Filing Fee

☐ \$78.75
 Filing Fee
 & Certificate

☒ \$78.75
 Filing Fee
 & Certified Copy

☐ \$87.50
 Filing Fee,
 Certified Copy
 & Certificate

ADDITIONAL COPY REQUIRED

FROM: Margaret Grissinger
 Name (Printed or typed)

700 Ironwood Dr #711
 Address

Ponte Vedra Beach, FL 32082
 City, State & Zip

252-466-0162
 Daytime Telephone number

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Knock-Out Nurse Inc

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

700 Ironwood Dr #711
Ponte Vedra Bch 32082

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Professional Service

ARTICLE IV SHARES

The number of shares of stock is:

1

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Margaret Grissinger Pres.
700 Ironwood Dr #711
Ponte Vedra, Bch Fl 32082

ARTICLE VI REGISTERED AGENT

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

Margaret Grissinger
700 Ironwood Dr #711
Ponte Vedra Bch, Fl 32082

ARTICLE VII INCORPORATOR

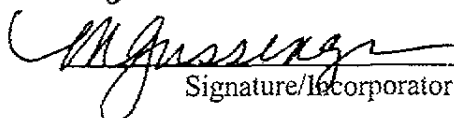
The name and address of the Incorporator is:

Margaret Grissinger
700 Ironwood Dr #711
Ponte Vedra Bch, Fl 32082

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

10/18/02
Date


Signature/Incorporator

10/18/02
Date