POACOOLIZAU85

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

400008470424--2 -10/21/02--01016--024 *****78.75 *****78.75

SUBJECT: NFB/NURSES FIGHT BACK, INC.

| Enclosed are an origi | nal and one (1) copy of the arti | cles of incorporation and | i'a check for: | |
|----------------------------------|--|--|--|--|
| □ \$70.00 Filing Fee | \$78.75 Filing Fee & Certificate of Status | □ \$78.75 Filing Fee & Certified Copy ADDITIONAL CO | □ \$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED | |
| FROM: | -outs M. Name | Printed or typed) | | |
| P.O. Box #55-2559 Eli B. Address | | | | |
| - | MIAMI, City, | 7. 3305 State & Zip | 3 - 8 | |
| _ | 954-962-3 Daytime To | 548 elephone number | ACINO PATE | |

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

558-192 W62_30483

12/19/02



FILED

2002 DEC 17 AMII: 04

FLORIDA DEPARTMENT OF STATE

Jim Smith Secretary of State TALLAMASSEE FLORIDA

October 23, 2002

LOUIS M. LEWIS POST OFFICE BOX #55-2559 MIAMI, FL 33055

SUBJECT: NFB/ NURSES FIGHT BACK, INC.

Ref. Number: W02000030483

We have received your document for NFB/ NURSES FIGHT BACK, 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):

Corporations may file using only the corporate name. Please delete any reference to the "doing business as name" in your document. If you wish to register your fictitious name, you may do so by filing the enclosed application and submitting the appropriate fees to this office.

Please list the street address of each officer/director.

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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 802A00058527

02 DEC 17 PM 12: 28

EFFEÇTIVE DATE

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: WARSES FIGHT BACK, LNC. |
|---|
| ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is: |
| The principal place of business/mailing address is: |
| 6897 NW 173 Dr=ve |
| B-202 |
| B-2-02 HIA (EAH, F/ORI)A. 33015 ARTICLE III PURPOSE |
| The purpose for which the corporation is organized is: |
| THE CORPORATION SHALL ENGAGE IN ANY ACTIVITY OR BUSTNESS PREMITTED UNDER THE LAW OF THE LAW OF THE ARTICLE IV SHARES AND OF THE STATE OF FIORIDA. |
| ARTICLE IV SHARES AND OF THE STATE OF FIORIDA. |
| The number of shares of stock is: |
| (10,000) TEN THOUSAND SHARES OF COMMON STOCK. EACH |
| SHARE HAVING THE PAR VALUE OF (\$1.00) ONE DOLLAR. ARTICLE V INITIAL OFFICERS/DIRECTORS (optional) |
| The name(s), address(es) and title(s): |
| RESTDENT: FRANCE SMITH - 6897 NINI 173 DZ. HIALEAH, FI. 33015 |
| SECRETARY; FRANCE SHITH 6897 N.W. 173 DR. |
| IREASURER: FRANCE SHI TH 6897 NW 173 DR. |
| ARTICLE VI REGISTERED AGENT |
| The name and Florida street address of the registered agent is: |
| FEACE SMITH |
| 6897 NW 173 DEEVE |
| HIALEAH, F1. 33015 |
| ARTICLE VII INCORPORATOR |
| The <u>name and address</u> of the Incorporator is: |
| LOUIS M. LEWIS |
| P.O. Box #55-2259 |
| MIAME F. 33055: 25-59 EFFECTIVE DATE: JANUARY 01, 2003 *********************************** |
| Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, <u>I</u> am familiar with and accept the appointment as registered agent and agree to act in this capacity |
| |
| Thank 10-15-07 |
| Signature/Registered Agent Date |

(FL20068-0240L)