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(Re	questor's Name)	
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(Cit	y/State/Zip/Phone	#)
PICK-UP	WAIT	MAIL
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## TRANSMITTAL LETTER

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

SUBJECT:	JENNIFER PE	EREZ IN	C	
	(PROPOSED CÖRPOŘA)	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)	
	•			
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	I a check for:	
\$70.00	<b>⊠</b> \$78.75	□ \$78.75	□ \$87.50	
Filing Fee	Filing Fee	Filing Fee	Filing Fee,	
	& Certificate of Status	& Certified Copy	Certified Copy	
		,	& Certificate of	
	·	ADDYTIONAL CO	Status	
	,	ADDITIONAL CO	PY REQUIRED	
FROM: _s	OUTHWEST PROFESSIONA	L SERVICES OF SO	O.FLORIDA, INC.	
	Name (	Printed or typed)		
13571 Mcgregor Blvd Suite #22				
Address				
	Fort Myers, Fl 33919			
	. City, !	State & Zip	<del></del>	
	941 481-4444 .			
-	Daytime Te	elephone number		

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

# ARTICLES OF INCORPORATION

OF

# JENNIFER PEREZ INC A Florida Profit Corporation

D2 DEC 20 PM 2: 42
SECRETARY OF STATE
TALLAHASSEE FLORIDA

(Pursuant to Chapter 607 and/or 621, Florida Statutes)

The undersigned person has signed this document for the purpose of forming a corporation under the laws of Florida and adopts the following Articles of Incorporation.

- 1. Name. The name of this corporation is JENNIFER PEREZ INC.
- 2. <u>Purpose and Powers.</u> This corporation is organized for the transaction of any and all lawful business for which corporations may be incorporated under the laws of the State of Florida, as they may be amended from time to time.

This corporation shall have the broad general powers set forth in Chapter 607.0302, Florida Statutes, and the purpose for which this corporation is organized is:

## **NURSING SERVICES**

- 3. <u>Authorized Shares.</u> The corporation shall have the authority to issue 1000 shares of common stock. The par value of the stock is \$0.
- 4. **Principal Office and Mailing Address of Corporation.** The principal place of business and mailing address of the corporation shall be:

Principal Place of Business 792 HARBOR ISLES PL N.PALM BEACH, FL 33410 Mailing Address 792 HARBOR ISLES PL N.PALM BEACH, FL 33410

5. <u>Initial Officers/Directors.</u> The initial Board of Directors shall consist of 1 persons, who shall serve until the first annual meeting of the shareholders, and whose names and addresses are:

JENNIFER PEREZ, PRES

# 792 HARBOR ISLES PL N.PALM BEACH, FL 33410

6. Registered Agent.

The name and Florida street address of the Registered Agent of the Corporation is: SOUTHWEST PROFESSIONAL SERVICES OF SO.FL, INC 13571 MCGREGOR BLVD #22 FORT MYERS, FL 33912

7. **Incorporator.** The name and address of the incorporator is:

JENNIFER PEREZ 792 HARBOR ISLES PL N.PALM BEACH, FL 33410

8. **Effective Date.** These Articles are to be effective the date of filing unless otherwise specified below:

01/01/03

IN WITNESS WHEREOF, the following incorporator has signed these Articles of Incorporation on:

Date:

NNIFER PEREZ

# ACCEPTANCE BY REGISTERED AGENT

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.

DATE: 12/180~

SERVICES OF SO FL, INC.

SOUTHWEST PROFESSIONAL U.

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