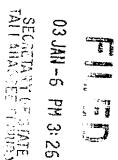


(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
,				
(Document Number)				
(Sourion Name)				
Certified Copies Certificates of Status				
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Special Instructions to Filing Officer:				



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Office Use Only



TRANSMITTAL LETTER

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

SUBJECT:	JO NURSING, INC	; TE NAME – <u>MUST INCL</u>	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the art	icles of incorporation an	d a check for:
□ \$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	S78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status DPY REQUIRED
FROM:		NNY O' DANIEL (Printed or typed)	- Andrews
	94620 OSH Address		
	KEY LARGO, FL City, State & Zip		
	(305) 619-7711 Daytime Telephone number		

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

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

JO NURSING, INC.

ARTICLE II PRINCIPAL OFFICE

94620 OSH

KEY LARGO, FL 33037

ARTICLE III PURPOSE

TO PROVIDE NURSE STAFFING SERVICES TO HOSPITALS ON A PERDIEM AND CONTRACT BASIS.

ARTICLE IV SHARES

100 SHARES

ARTICLE V INITIAL OFFICERS/DIRECTORS

JOHNNY O'DANIEL (DIRECTOR) 94620 OSH KEY LARGO, FL 33037

ARTICLE VI REGISTERED AGENT

JOHNNY O'DANIEL 94620 OSH KEY LARGO, FL 33037

ARTICLE VII INCORPORATOR

JOHNNY O'DANIEL 94620 OSH KEY LARGO, FL 33037

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

COMMON ON THE PROPERTY OF THE