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TRANSMITTAL LETTER

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

SUBJECT:	Nationwide	Referra	1 Se	rvice, Inc.		
	(PRO	POSED COR	PORAT	E NAME – <u>MUST INCL</u>	UDE SUFFIX) -	-
Enclosed are an	original and one	(1) copy of t	the artic	eles of incorporation an	d a check for:	
☐ \$70.0 Filing Fe	ee Filing Fee			\$78.75 Filing Fee & Certified Copy ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM:	Brett For	rđ				
			Name (Printed or typed)		w , _
1826 Thomas St. Address						
	Hollywo	ood, FL	3302		· <u></u>	-
			City, S	tate & Zip		
	954-920					· `
		Day	ytime Te	lephone 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

The name of the corporation shall be:

Nationwide Referral Service, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

1826 Thomas St., **LE III PURPOSE** Holywood 33020

The purpose for which the corporation is organized is:

Medical Referral Service

ARTICLE IV SHARES

The number of shares of stock is:

ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

Brett Ford 1826 Thomas St.

Hollywood, FL 33020

ARTICLE VI REGISTERED AGENT

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

Brett Ford

1826 Thomas St.

Hollywood, FL 33020

ARTICLE VII INCORPORATOR

The <u>name and address</u> of the Incorporator is:

Brett Ford

1826 Thomael St.

Hollywood, FL 33020

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/Incorporator