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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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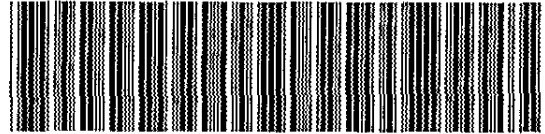
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY/CLERK
TALLAHASSEE, FLORIDA

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

Charter Number Only

4/15/03

Requestor's Name

Address

City

State

ZIP

Phone

VALIDATION ONLY

CORPORATION(S) NAME

Nursing Network of the America, INC

☒ Profit
☒ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☐ Other

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

CERTIFIED COPY

Empire Toll Free: 1-800-432-3028

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

Nursing Network of The Americas, Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

413 S.E. 4th Terr.
Dania Beach, FL
33004

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 shares at \$1.00 per value

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

Lorraine Cusson
413 S.E. 4th Terr.
Dania Beach, FL
33004

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TALLAHASSEE, FLORIDA

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

Loraine Cusson
Director, Pres., VP, Treas. and Secy.

413 S.E. 4th Terr.
Dania Beach, FL.
33004

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

9th day of April, 2003.

Loraine Cusson

Signature

Signature

Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: Nursing Network of the Americas, Inc.

2. The name and address of the registered agent and office is:

LORAIN CUSSON
(NAME)

413 S.E. 4th Terr.
(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Dania Beach, FL 33004
(CITY/STATE/ZIP)

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TALLAHASSEE FLORIDA

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Lorain Cusson
(SIGNATURE)

April 9th, 2003
(DATE)