

P03000097420

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

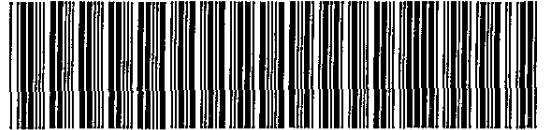
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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09/02/03--01036--006 \*\*78.75

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## TRANSMITTAL LETTER

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

SUBJECT: \_\_\_\_\_  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00  
Filing Fee

☒ \$78.75 -  
Filing Fee  
& Certificate of Status

☐ \$78.75  
Filing Fee  
& Certified Copy

☐ \$87.50  
Filing Fee,  
Certified Copy  
& Certificate of  
Status

**ADDITIONAL COPY REQUIRED**

FROM: YVICKA Arre  
Name (Printed or typed)

850 N.E. 178<sup>th</sup> Tr.  
Address

Miami, FL 33162  
City, State & Zip

(305) 303-2039  
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

The name of the corporation shall be:

Nursing One Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

850 N.E. 178th Tr.  
Miami, Fl. 33162

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Any & all lawful business

### ARTICLE IV SHARES

The number of shares of stock is: 20 (twenty)

### ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

President  
Yvika Arrc  
850 N.E. 178th Tr.  
Miami, Fl. 33162

Vice-President  
Jean Rikerson Louis

### ARTICLE VI REGISTERED AGENT

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

YVIKA Arrc  
850 N.E. 178th Tr.  
Miami, Fl. 33162

### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

YVIKA Arrc  
850 N.E. 178th Tr.  
Miami, Fl. 33162

\*\*\*\*\*  
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

Yvika Arrc  
Signature/Registered Agent

\_\_\_\_\_  
Date

Yvika Arrc  
Signature/Incorporator

\_\_\_\_\_  
Date