

P03888157036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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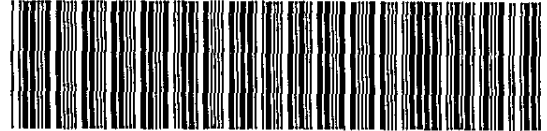
(Business Entity Name)

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

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DIVISION OF CORPORATIONS  
03 DEC 15 PM 12:06

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12-20

## TRANSMITTAL LETTER

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

SUBJECT: STEVE'S NURSING SERVICES, Inc.  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed is 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: STEVEN L. WINTEROL  
Name (Printed or typed)

1926 BRAINERD CT  
Address

LUTZ, FL. 33549  
City, State & Zip

813)948 0165  
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:

STEVE'S NURSING SERVICES, INC.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

1926 BRAINERD CT. LUTZ, FL. 33549

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

provide Nursing services

## ARTICLE IV SHARES

The number of shares of stock is:

1000

## ARTICLE V INITIAL OFFICERS/DIRECTORS (optional)

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

STEVEN L. WINTEROL  
1926 BRAINERD CT  
LUTZ, FL. 33549  
C.E.O. Chief Executive Officer

## ARTICLE VI REGISTERED AGENT

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

STEVEN L. WINTEROL  
1926 BRAINERD CT  
LUTZ, FL. 33549

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

STEVEN L. WINTEROL  
1926 BRAINERD CT  
LUTZ, FL. 33549

\*\*\*\*\*

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/Registered Agent STEVEN L. WINTEROL



Signature/Incorporator STEVEN L. WINTEROL

12/1/03

Date

12/1/03

Date

03 DEC 15 PM 12:06

FILED  
CLERK OF STATE  
DIVISION OF CORPORATIONS