

PO4000070778

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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FLORIDA DEPARTMENT OF STATE  
Glenda E. Hood  
Secretary of State

March 15, 2004

24 HOUR NURSING SERVICES INC.  
8352 N.E. 2ND AVE  
MIAMI, FL 33138

SUBJECT: 24 HOUR NURSING SERVICES  
Ref. Number: W04000010417

We have received your document for 24 HOUR NURSING SERVICES, however, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$78.75.

The corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

You must list at least one incorporator with a complete business street address.

Please remove the percentage signs and only list the total number shares of stock.

Please return the original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6924.

Stacy Prather  
Document Specialist Supervisor  
New Filings Section

Letter Number: 604A00017208

## TRANSMITTAL LETTER

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

**SUBJECT:** 24 Hour Nursing Services Inc  
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFLY)

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

☐ \$70.00      ☒ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☐ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** 24 hour nursing services INC  
Name (Printed or typed)

8352 N.E 2 Ave  
Address

Miami, Florida, 33138  
City, State & Zip

305- 759-9288  
Daytime Telephone number

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

04 MAR 15 PM 4:20  
001-1000000

## 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:

24 Hour nursing services INC

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

8352 n.e 2 av MIA FLA 33138

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To serve our community

### ARTICLE IV SHARES

The number of shares of stock is:

100

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):

Paule Royale Director 11905 N.E 2 av Miami Florida, 33138

Alain Deshommes Assistant 78 N.W 84 St Miami Florida, 33150

Renel Prudhomme 980 N.E 169 St, Miami Florida, 33162

### ARTICLE VI REGISTERED AGENT

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

Magloire Natacha, 50 N.E 62 Street, Miami Florida, 33138

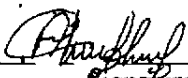
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Paule Royale 11950 N.E 2 av

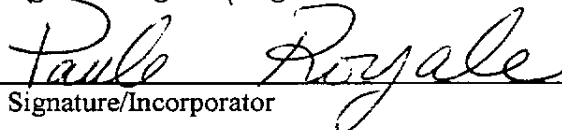
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Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate. I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02-3-04  
Date



Signature/Incorporator

02-03-04  
Date