

P04000108728

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

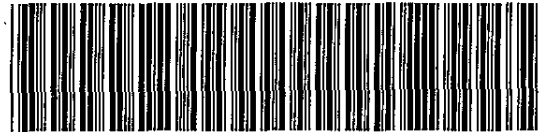
(Business Entity Name)

(Document Number)

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

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## TRANSMITTAL LETTER

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

**SUBJECT:** Central Florida Quality Nursing Inc.

**(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:** Vechel Griffon

Name (Printed or typed)

637 Cheviot Ct

Address

Apopka, FL 32712

City, State & Zip

407-889-9951

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:

Central Florida Quality Nursing Inc

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

637 Cheviot Ct  
Apopka, FL 32712

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nursing Staffing Agency

### ARTICLE IV SHARES

The number of shares of stock is:

2500

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Vechel Griffon  
637 Cheviot CT  
Apopka, FL 32712

President

### ARTICLE VI REGISTERED AGENT

The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:

Vechel Griffon  
637 Cheviot Ct  
Apopka, FL 32712

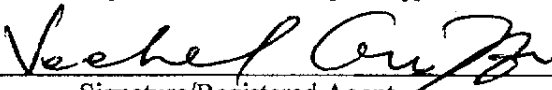
### ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Central Florida Quality Nursing Inc  
637 Cheviot Ct  
Apopka, FL 32712

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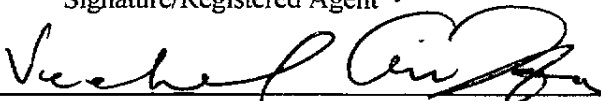
Having been named as registered agent to accept service of process for the above stated corporation, at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

07/17/04

Date



Signature/Incorporator

07/17/04

Date

FILED  
04 JUL 22 AM 8:26  
CLERK OF COURT  
JAN 10 9 11 AM