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(Business Entity Name)

12/16/04--01029--003 **87.50

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FLORIDA STATE
TALLAHASSEE, FLORIDA

12-16-04
P

TRANSMITTAL LETTER

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

SUBJECT: CASSEDAY MEDICAL STAFFING CO.
(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: JUANITA CASSEDAY
Name (Printed or typed)

8269 SW 100 LN RD
Address

OCALA FL 34481
City, State & Zip

352-873-1335
Daytime Telephone number

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

ARTICLES OF INCORPORATION

ARTICLE I

NAME

The name of the corporation shall be:
Casseday Medical Staffing Co.

ARTICLE II

PRINCIPAL OFFICE

The principal place of business/mailing address is:
8269 SW 100 Ln Rd
Ocala FL 34481

ARTICLE III

PURPOSE

The purpose for which the corporation is organized is:
To provide professional staffing for medical offices

ARTICLE IV

SHARES

The number of shares of stock is:
100,000 shares of no par stock

ARTICLE V

INITIAL OFFICERS AND/OR DIRECTORS

The initial officers of the corporation are:

President/Secretary	Juanita Casseday 8269 SW 100 Ln Rd Ocala FL 34481
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ARTICLE VI

REGISTERED AGENT

The registered agent is:
Juanita Casseday
8269 SW 100 Ln Rd
Ocala FL 34481

ARTICLE VII

INCORPORATOR

The incorporator is:
Juanita Casseday
8269 SW 100 Ln Rd
Ocala FL 34481

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

12-09-04
Date


Signature/Incorporator

12-09-04
Date

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA