

PD5000038008

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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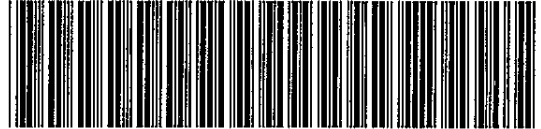
(Business Entity Name)

(Document Number)

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

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05 MAR - 2 AM 10:13  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

03/02/05--01017--004 \*\*70.00

MD 3/14/05

## TRANSMITTAL LETTER

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

SUBJECT: KARINA NURSING REGISTRY 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: MARJORIE KELLIER-GARVEY  
Name (Printed or typed)

4182 TRENTON AVE  
Address

COOPERCITY, FLORIDA 33026  
City, State & Zip

305-632-5472  
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:

KARING NURSING REGISTRY, *INC.*,

### **ARTICLE II PRINCIPAL OFFICE**

The principal place of business/mailling address is:

4182 TRENTON AVE  
COOPERCITY, FL 33026

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDES HEALTH CARE PERSONNEL TO CARE FOR THE SICK  
PROVIDES STAFFING FOR HEALTH CARE FACILITIES

### **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):

MARJORIE KELLIER-GARVEY - *PRES.*  
4182 TRENTON AVE  
COOPERCITY FL 33026

### **ARTICLE VI REGISTERED AGENT**

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

MARJORIE KELLIER-GARVEY  
4182 TRENTON AVE  
COOPERCITY FL 33026

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

MARJORIE KELLIR-GARVEY  
4182 TRENTON AVE  
COOPERCITY, FL 33026

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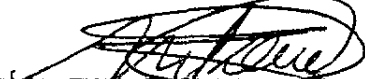
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



Signature/Registered Agent

02/25/05

Date



Signature/Incorporator

02/25/05

Date

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