

POS06005473,

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

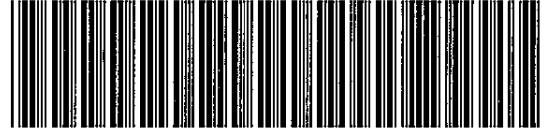
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



400050506424

04/14/05--01007--001 **87.50

APPROVED
AND
FILED
05 APR 13 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED
05 APR 13 PM 1:51
TALLAHASSEE, FLORIDA

18792

TRANSMITTAL LETTER

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

SUBJECT: Nurses' Helping Hands 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: Viola Olmoguerez
Name (Printed or typed)

6504 Arlington Road
Address

Jacksonville, FL 32211
City, State & Zip

904 743 6166
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

April 13, 2005

VIOLETA OLMOGUEZ
6504 ARLINGTON RD
JACKSONVILLE, FL 32211

SUBJECT: NURSES HELPING HANDS INC
Ref. Number: W05000018792

We have received your document for NURSES HELPING HANDS INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

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) 245-6925.

Cynthia Blalock
Document Specialist
New Filings Section

Letter Number: 905A00025351

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:

Nurses' Helping Hands of Jacksonville Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

6504 Arlington Road
Jacksonville FL 32211

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to help nurses
deliver nursing services.

ARTICLE IV SHARES

The number of shares of stock is: 3

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

ARTICLE VI REGISTERED AGENT

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

Violeta Olmaguez
6504 Arlington Road
Jacksonville, FL 32211

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Violeta Olmaguez
6504 Arlington Rd
Jacksonville, FL 32217

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

Violeta Olmaguez
Signature/Registered Agent

4-13-05
Date

Violeta Olmaguez
Signature/Incorporator

4-13-05
Date

AND
FILED
05 APR 13 PM 5:09
SECRETARY OF STATE
TALLAHASSEE, FLORIDA