

P05000138603

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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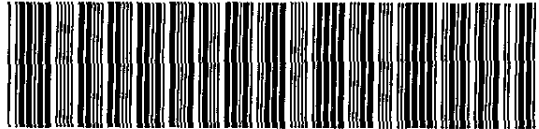
(Business Entity Name)

(Document Number)

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05 OCT 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

10/12/05
BWK

W05-43222

TRANSMITTAL LETTER

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

SUBJECT: FAMILY MEDICAL AND HEALTH PLACEMENT AGENCY, 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: SERGE MESIAS
Name (Printed or typed)

18845 NE 1ST CT APT # 45
Address

MIAMI, FL 33179
City, State & Zip

305-654-0725
Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood
Secretary of State

September 16, 2005

SERGE MESIAS
18845 NE 1ST CT.
APT 45
MIAMI, FL 33179

SUBJECT: FAMILY MEDICAL AND HEALTH PLACEMENT, INC.
Ref. Number: W05000043222

We have received your document for FAMILY MEDICAL AND HEALTH PLACEMENT, 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 document must state the number of shares of authorized 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) 245-6840.

Bruce W Kitchens
Document Specialist
New Filings Section

Letter Number: 905A00057282

ARTICLES OF INCORPORATION
In compliance with chapter 607 and / F.S. (profit)

FILED

05 OCT 11 PM 12:07

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE 1

NAME

**The name of corporation shall be: FAMILY MEDICAL AND HEALTH
PLACEMENT AGENCY, INC.**

ARTICLE 11

PRINCIPAL OFFICE

**The principal place of business / mailing address is: 18845 NE 1st CT Apt # 45,
Miami, FL 33179.**

ARTICLE 111

PURPOSE

**The purpose for which the corporation is organized: to offer temporary and
permanent placement of nursing and allied health professionals including physical,
occupational , and speech therapists in Miami Dade County, Broward County, and
the entire USA.**

ARTICLE 1V

SHARES

**The aggregate number of shares which the corporation shall have the authority to
issue is 10,000,000.00 shares all of which shall be common shares with a par value of
\$1.00 per share.**

ARTICLE V

INITIAL OFFICES AND / OR DIRECTORS

Name(s), Address(es), and Specific title(s):

**Serge Mesias, Executive Director
18845 NE 1st CT Apt # 45
Miami, FL 33179**

**Anthony Valentin, Director
18845 NE 1st CT Apt # 45
Miami, FL 33179**

**Guy-alain Isma, Director
8620 Long Acre Drive
Miramar, FL 33025**

ARTICLE VI

REGISTERED AGENT

NAME(S), ADDRESS (ES)

The name and address of the registered agent is:

**Serge Mesias
18845 NE 1st CT Apt # 45
Miami, FL 33179**

ARTICLE VII

INCORPORATOR


The name and address of the incorporator is:

**Guy-alain Isma
8620 Long Acre Drive
Miramar, FL 33025**

.....
Having been named as registered agent and incorporator 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 incorporator agree to act in this capacity.



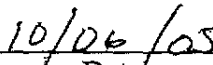
Signature / Registered Agent



Date



Signature / Incorporator



Date