

P05000148407

(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



900060998339

05-05-00012-012 **137.50

FILED
TALLAHASSEE, FLORIDA

05 NOV -7 PM 2:16

05 NOV -7 PM 2:10

11-07-05
6

COVER LETTER

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

SUBJECT: Affiliated Nursing with USA
(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: Emmanuel Inwang
Name (Printed or typed)

400 S. Dixie Hgwy Suite 1
Address

Hallandale, FL 33009
City, State & Zip

954-454-0297
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:

Affiliated Nursing w/ USA Inc.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

520 S. Dixie Hgwy Suite A
Hallandale, FL 33009

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Teaching

ARTICLE IV SHARES

The number of shares of stock is:

1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Emmanuel Inwang - president

Charles B. Ekpenyoung - vice president

400 S. Dixie Hgwy Hallandale, FL

ARTICLE VI REGISTERED AGENT

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

Joseph Inwang
3100 Diana Rd # 102
Tallahassee, FL 32304

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Josephine 100 S. Dixie Hgwy Suite
Thomas, Hallandale, FL 33009

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

Signature/Incorporator

Date

Date

TALLAHASSEE, FLORIDA

05 NOV - 7 PM 2:16

FILED

11/7/05

11/7/05