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COVER LETTER

2005 NOV 18 AM 9: 42

TALLAHASSEE FLORIDA

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

SUBJECT: MERCY MEDICAL STAFFING.

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

FROM: MERCY MEDICAL STAFFING.

Name (Printed or typed)

19001, FISHERMANS BEND DRIVE

Address

LUTZ, FLORIDA 33558

City, State & Zip

813-949-4472

Daytime Telephone number

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



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

2005 NOV 18 AM 9: 42

LEF STATE
TALLAHASSEE FLORIDA

November 1, 2005

MERCY MEDICAL STAFFING 19001 FISHERMANS BEND DRIVE LUTZ, FL 33558

SUBJECT: MERCY MEDICAL STAFFING

Ref. Number: W05000047270

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

You failed to make the correction(s) requested in our previous letter.

The shares of stock cannot be in the dollar or percentage form, please correct. The effective date has to be in the articles.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. <u>A separate article must be added to the Articles of Incorporation for the effective date.</u>

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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) 245-6973.

Claretha Golden Document Specialist NEW FILINGS

Letter Number: 005A00065673



FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

2005 NOV 18 AM 9: 42

AND UP STATE
TALLAHASSEE FLORIDA

October 14, 2005

MERCY MEDICAL STAFFING (nC. 19001 FISHERMANS BEND DRIVE LUTZ, FL 33558

SUBJECT: MERCY MEDICAL STAFFING

Ref. Number: W05000047270

We have received your document for MERCY MEDICAL STAFFING 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 corporate name must contain a suffix that will clearly indicate that it is a corporation. Such suffixes include: CORPORATION, CORP., COMPANY, CO., INC., and INCORPORATED.

The document must state the number of shares of authorized stock.

Section 607.0120(6)(b), or 617.0120(6)(b), Florida Statutes, requires that articles of incorporation be executed by an incorporator.

An effective date <u>may</u> be added to the Articles of Incorporation <u>if a 2006 date is needed</u>, otherwise the date of receipt will be the file date. A <u>separate article</u> <u>must be added to the Articles of Incorporation for the effective date.</u>

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) 245-6973.

Claretha Golden Document Specialist New Filings Section

Letter Number: 005A00062704

EFFECTIVE DATE

DATE OF FILLING: IT 12T, 200(

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

NAME ARTICLE I

The name of the corporation shall be:

MERCY MEDICAL STAFFING, Inc.

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WIT OF STATE ÍALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is:

19001, FISHERMANS BEND DRIVE LUTZ, FL, 33558.

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

STAFFING AGENCY FOR HEALTH CARE.

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):

OLUAJATI KOMOLAFE.

OLUWAFEMI KOMOLAFE

ADETUTU KOMOLAFE

19001, FISHERMANS BEND DR. LUTZ FL. 33558

REGISTERED AGENT

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

KOMOLAFE 0mohoh A

19001, FISHERMANS BEND DR.

hutz, fl 33558

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

OMOLOWA KOMOLAFE

19001, FISHERMANS BEND DR.

LUT2, FL 33558

ARTICLE VIII- EFFECTIVE DATE JANUARY 01, 2006

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

Omalola Komolate

10-26-5 Date

Signature/Registered Agent/Incorporator