

P06000042098

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

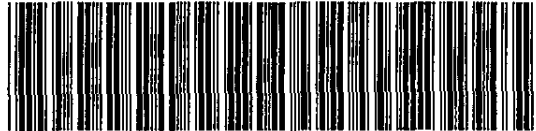
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VALIDATION ONLY

3/21 KARINA

CAST management

Requestor's Name

4805 NW 79 AVE. #9.

Address

MIAMI FL 33146.

City

State

ZIP

Phone

(305) 593-5151

CORPORATION(S) NAME

PRO-MED NURSING SERVICES, INC.

☒ Profit

() NonProfit

() Amendment

() Merger

() Foreign

() Dissolution

() Mark

() Limited Partnership

() Annual Report

() Other

() Reinstatement

() Reservation

() Change of Registered Agent

☒ Certified Copy

() Photo Copies

() Certificate Under Seal

☒ Call When Ready

() Call If Problem

() After 4:30

☒ Walk In

() Will Wait

☒ Pick Up

() Mail Out

Name

Availability

Document

Examiner

Updater

Verifier

Acknowledgment

W.P. Verifier

Empire Toll Free: 1-800-432-3028

06 MAR 22 AM 10:40

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ARTICLES OF INCORPORATION

WE THE UNDERSIGNED, HEREBY ASSOCIATE OURSELVES TOGETHER FOR THE PURPOSE OF BECOMING A CORPORATION UNDER THE LAWS OF THE STATE OF FLORIDA PROVIDING FOR THE FORMATION OF A CORPORATION FOR PROFIT WITH THE POWERS, RIGHTS, PRIVILEGES AND IMMUNITIES HEREINAFTER MENTIONED, AND WE HEREBY MAKE, SUBSCRIBE AND ACKNOWLEDGE AND FILE WITH THE SECRETARY OF FLORIDA THESE ARTICLES OF INCORPORATION; AND TO THAT END WE DO, BY THESE ARTICLES, SET FORTH:

ARTICLE I

THE NAME OF THIS CORPORATION (WHICH IS HEREINAFTER CALLED THE "CORPORATION IS PRO-MED NURSING SERVICES, INC.

ARTICLE II

THIS CORPORATION SHALL EXIST PERPETUALLY; CORPORATION EXISTANCE SHALL BEGUN ON THE DAY UPON WHICH THESE ARTICLES ARE APPROVED BY THE SECRETARY OF THE STATE OF FLORIDA.

ARTICLE III

THE PURPOSE OF THIS CORPORATION IS TO TRANSACT ANY OR ALL LAWFUL BUSINESSES FOR WHICH CORPORATIONS MAY BE INCORPORATED UNDER CHAPTER 607 OF THE FLORIDA STATUTES. INCLUDING, BUT NOT LIMITED TO NURSING SERVICES.

ARTICLE IV

THIS CORPORATION IS AUTHORIZED TO ISSUE FIVE HUNDRED (500) SHARES OF COMMON STOCK, WHICH SAID SHARES SHALL HAVE A PAR VALUE OF TEN (\$ 10.00) DOLLARS PER SHARE UPON ISSUANCE.

ARTICLE V

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE AT:

10651 NORTH KENDALL DRIVE SUITE # 200 MIAMI, FLORIDA 33176. WITH THE PRIVILEGE OF HAVING BRANCH OFFICES WITHIN AND WITHOUT THE STATE OF FLORIDA.

ARTICLE VI

THE INITIAL REGISTERED AGENT OF THIS CORPORATION UPON WHICH PROCESS MAY BE SERVED IS: LOUIS F. CAST AND THE REGISTERED OFFICE IS 4805 NW 79 AVENUE # 9 DORAL, FLORIDA 33166.

ARTICLE VII

THIS CORPORATION SHALL HAVE TWO DIRECTORS INITIALLY.

THE NUMBER OF DIRECTORS SHALL BE FIXED BY LAW AND MAY BE CHANGED FROM TIME TO TIME.

THE NAME AND STREET ADDRESS OF THE INITIAL DIRECTORS OF THIS CORPORATION ARE:

MARIETTE COBO 10651 NORTH KENDALL DRIVE SUITE # 200 MIAMI,FL 33176

JOAQUIN BARCELO 10651 NORTH KENDALL DRIVE SUITE # 200 MIAMI,FL 33176

THE AFORESAID DIRECTORS SHALL HOLD OFFICE FOR THE YEAR OF THIS CORPORATION EXISTANCE OR UNTIL A SUCCESSOR IS CHOSEN AS PROVIDED FOR IN THE BY LAWS.

ARTICLE VIII

THE INITIAL OFFICERS OF THIS CORPORATION AND THEIR ADDRESSES ARE:

PRESIDENT: MARIETTE COBO 10651 NORTH KENDALL DRIVE # 200 MIAMI,FL 33176

VICE -PRESIDENT: JOAQUIN BARCELO 10651 NORTH KENDALL DRIVE # 200 MIAMI,FL 33176

SECRETARY:MARIETTE COBO 10651 NORTH KENDALL DRIVE # 200 MIAMI,FL 33176

TREASURER: JOAQUIN BARCELO 10651 NORTH KENDALL DRIVE # 200 MIAMI,FL 33176

ARTICLE IX

THE NAME AND STREET ADDRESS OF THE UNDERSIGNED HAS EXECUTED THESE ARTICLES OF INCORPORATION.


SIGNATURE / TITLE

JOAQUIN BARCELO / VICE PRESIDENT

CERTIFICATE OF DESIGNATION
REGISTERED AGENT / REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/ REGISTERED AGENT, IN THE STATE OF FLORIDA

1. THE NAME OF THE CORPORATION IS PRO-MED NURSING SERVICES, INC.
2. THE NAME AND ADDRESS OF THE REGISTERED AGENT IS LOUIS F. CAST 4805 NW 79 AVENUE #9 DORAL, FLORIDA 33166

SIGNATURE : _____

Mariette Cobo
MARIETTE COBO, PRESIDENT

HAVING BEEN NAMED AS REGISTERED AGENT AND TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY ACCEPT THE APPOINTMENT AS REGISTERED AGENT AND AGREE TO ACT IN THIS CAPACITY. I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATING TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES, AND I AM FAMILIAR WITH AND ACCEPT THE OBLIGATIONS OF MY POSITION AS REGISTERED AGENT.


LOUIS F. CAST

March 20, 2006

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TALLAHASSEE, FLORIDA