

PO6000077030

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

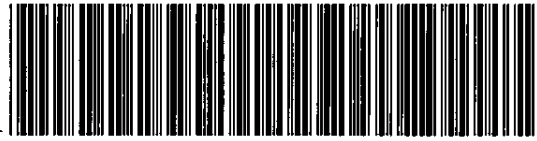
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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06/02/06--01022--002 **78.75

06 JUN -2 PM 2:00
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

06 JUN -2 AM 10:49
RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J 4/5/06

LAZARUS
CORPORATE FILING SERVICE
3320 SW 87TH AVENUE
MIAMI, FL 33165
305-552-5973

FILED
06 JUN -2 PM 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. LLIANA NURSE SERVICE INC.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- Walk in Pick up time 2.00 Certified Copy
 Mail out Will wait Photocopy Certificate of Status

NEW FILINGS

- Profit
 Not for Profit
 Limited Liability
 Domestication
 Other

AMENDMENTS

- Amendment
 Resignation of R.A., Officer/Director
 Change of Registered Agent
 Dissolution/Withdrawal
 Merger

OTHER FILINGS

- Annual Report
 Fictitious Name

REGISTRATION/QUALIFICATION

- Foreign
 Limited Partnership
 Reinstatement
 Trademark
 Other

Examiner's Initials

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:

Iliana Nurse Service Inc.

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06 JUN -2 PM 2: 00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/ mailing address is:

6315 Gace Plate #303
Hialeah, FL 33014

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Nursing Services

ARTICLE IV SHARES

The number of shares of stock is:

100 shares of \$5.00 each

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Iliana Cabrera
6315 Gace Plate #303
Hialeah, Fla. 33014
President

ARTICLE VI REGISTERED AGENT

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

Iliana Cabrera
6315 Gace Plate #303
Hialeah, Fla. 33014

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Iliana Cabrera
6315 Gace Plate #303
Hialeah, Fla. 33014

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

Iliana Cabrera

Signature/Registered Agent

05/31/2006

Date

Iliana Cabrera

Signature/Incorporator

05/31/2006

Date