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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W06-26860

COVER LETTER

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

SUBJECT: COMPLETE NURSING CARE 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: COMPLETE NURSING CARE

Name (Printed or typed)

17847NW 27TH AVE

Address

MIAMI GARDENS, FL 33056

City, State & Zip

305-761-0768

Daytime Telephone number

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TALLAHASSEE, FLORIDA

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:

Complete Health Care Staffing INC

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

17847 NW 27 AVE
MIAMI GARDENS, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

TO PROVIDE NURSING CARE TO PATIENT AT
AND STAFFING NURSING FACILITES

ARTICLE IV SHARES

The number of shares of stock is:

100,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

TOYIN AYODELE (DIRECTOR)
1082 NE 176 TER
NORTH MIAMI FL, 33162

GBOLA AYODELE (DIRECTOR)
1082 NE 176 TER
NORTH MIAMI FL,33162

ARTICLE VI REGISTERED AGENT

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

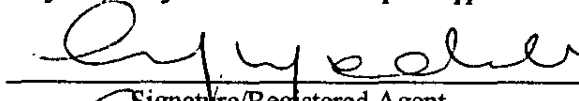
TOYIN AYODELE
1082 NE 176 TER
NORTH MIAMI FL, 33162

ARTICLE VII INCORPORATOR

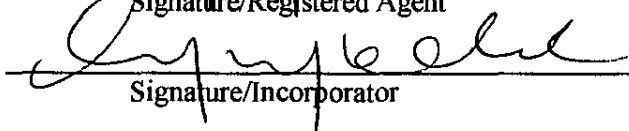
The name and address of the Incorporator is:

TOYIN AYODELE
17847 NW 27 AVE
MIAMI GARDENS, FL 33056

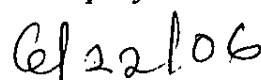
Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity



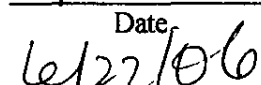
Signature/Registered Agent



Signature/Incorporator



Date



Date

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TALLAHASSEE, FLORIDA