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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

De

## COVER LETTER

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

SUBJECT: Legal Nurse Consulting of Brevard, 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: PATRICIA GOODE  
Name (Printed or typed)

811 HUNTERS CREEK DR.  
Address

WEST MELBOURNE, FL. 32904  
City, State & Zip

321-723-0085  
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: Legal Nurse Consulting of Broward, Inc.

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: 811 Hunters Creek Drive  
West Melbourne, Fl. 32904

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

## ARTICLE IV SHARES

The number of shares of stock is: One

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

PATRICIA GOODE LNC CEO  
811 HUNTERS CREEK DR.  
WEST MELBOURNE, FL 32904

## ARTICLE VI REGISTERED AGENT

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

PATRICIA GOODE  
811 HUNTERS CREEK DR.  
WEST MELBOURNE, FL 32904

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

PATRICIA GOODE  
811 HUNTERS CREEK DR.  
WEST MELBOURNE, FL 32904

\*\*\*\*\*  
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

Patricia Goode

Signature/Registered Agent

Patricia Goode NP

Signature/Incorporator

8/23/06

Date

8/23/06

Date

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