

PO6 000130063

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

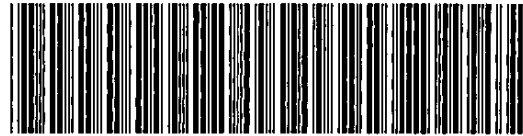
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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PO6-43853

**COVER LETTER**

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

**SUBJECT:** Johnny Strickland Nursing Uniforms  
(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:** Johnny Strickland Nursing Uniforms  
Name (Printed or typed)

1621 N. Tamiami TR.  
Address

North Fort Myers, FL 33903  
City, State & Zip

(239)462-7965  
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:

Johnny Strickland NUrsing U'niforms, *INC.*

## ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

*N. 1621 North Tamiami Tr Unit 4  
Ft Myers Fl.  
33903*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

Uniforms Sales

## ARTICLE IV SHARES

The number of shares of stock is:

10

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Johnny Strickland, President ,CEO

## ARTICLE VI REGISTERED AGENT

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

Johnny Strickland 3508 Dora Street; Ft Myers fl. 33916

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Johnny Strickland Nursing Uniforms 1621 N. Tamiami Trail N, Ft. Myers fl 33903

*Johnny Strickland Nursing Uniforms INC.  
1621 N. Tamiami Trail N, Ft Myers Fl 33903*

\*\*\*\*\*  
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

*Johnny Strickland*  
\_\_\_\_\_  
Signature/Registered Agent  
*Johnny Strickland*  
\_\_\_\_\_  
Signature/Incorporator  
*Johnny Strickland*

*10-02-06*  
\_\_\_\_\_  
Date  
*10-02-06*  
\_\_\_\_\_  
Date

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