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(Re	equestor's Name)		
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PICK-UP	WAIT	MAIL	
(Business Entity Name)			
(Document Number)			
Certified Copies	Certificates	s of Status	
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12/0

## . TRANSMITTAL LETTER

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

SUBJECT:	SELECT NURSING REGISTRY, INC.		
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
Enclosed are an orig	ginal and one (1) copy of the artic	cles of incorporation and	a check for:
\$70.00 Filing Fee	\$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED
FROM:	-	REGISTERED AGEN	Т
	Name	(Printed or typed)	
	15701	SW 53RD CT	
•	P	Address	<del></del>
	MIRAMAR, FL. 33027		
-	City,	State & Zip	
	(305)	769-1077	
•	Daytime T	elephone number	

NOTE: Please provide the original and one copy of the articles.

# **Articles of Incorporation**

O6 DEC-4 AM 9:0

We, the undersigned, as proper persons acting as incorporators of a corporation under the laws of the State of Florida, adopt the following articles of incorporation:

#### **FIRST**

The name of the corporation is: SELECT NURSING REGISTRY, INC.

#### **SECOND**

The period of its duration is Indefinite.

#### **THIRD**

The purpose of the corporation is: Medical Services

#### **FOURTH**

The aggregate number of authorized shares is 200 shares Par-Value \$5.00

#### **FIFTH**

The corporation will not commence business until at least One Thousand (\$1,000.) Dollars have been received by it as consideration for the issuance of Shares.

## SIXTH

Cumulative Voting of shares of stock are authorized.

#### **SEVENTH**

Provisions Limiting or denying to shareholders the preemptive right to acquire additional or treasury shares of the corporation are: Approved by both the Stockholders and Board of Directors.

### **EIGHT**

Provisions for regulating the internal affairs of the corporation are The Managing Partners (Corporate Officers) will be responsible for all day to day operation.

#### **NINTH**

The address of the initial Registered Office of the corporation is: 15701 SW 53<sup>RD</sup> CT Miramar, Florida 33027 and the name of it's initial Registered Agent at such address is: Arry Creed

### **TENTH**

Address of the principal place of business is: 15701 SW 53<sup>RD</sup> CT Miramar, Florida 33027

### **ELEVENTH**

The number of directors constituting the initial board of directors of the corporation is ONE, and the names and address of the persons who are to serve as directors until the first annual meeting of the Shareholders or until their successors are elected and shall qualify are:

<u>NAME</u>	<u>ADDRESS</u>
* Arry Creed	15701 SW 53 <sup>RD</sup> CT Miramar, Florida 33027
* Rose Odyle Creed	15701 SW 53 <sup>RD</sup> CT Miramar, Florida 33027

### TWELFTH

The name and address of each incorporator is:

<u>NAME</u>	<u>ADDRESS</u>
* Arry Creed	15701 SW 53 <sup>RD</sup> CT Miramar, Florida 33027
* Rose Od¶le Creed	15701 SW 53 <sup>RD</sup> CT Miramar, Florida 33027

#### **THIRTEEN**

\* Post date application effective January 1st, 2007

November 29th, 2006

Arry Creed, Incorporator

Rose Odyle Creed, Incorporator

Having been named as Registered Agent and to accept services of process for the 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, my position as Registered Agent.

Creed, Registered Agent