

P070000024006

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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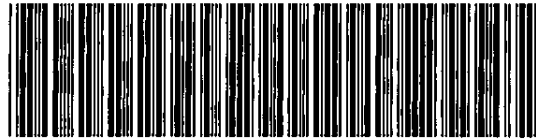
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07 FEB 22 PM 4:32

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

VH

COVER LETTER

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

SUBJECT: _____

A Nurse's Love 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: _____

Gigi W. McHale

Name (Printed or typed)

2375 NE 194th ST

Address

Miami, FL 33180

City, State & Zip

305-331-6446

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)

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ARTICLE I NAME

The name of the corporation shall be:

A Nurse's Love Inc

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is:

2375 NE 194th ST
Miami, FL 33180

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

making and selling infant clothes.

ARTICLE IV SHARES

The number of shares of stock is:

100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Gigi McHale (President)
2375 NE 194th ST
Miami, FL 33180

ARTICLE VI REGISTERED AGENT

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

Gigi McHale
2375 NE 194th ST
Miami, FL 33180

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Gigi McHale
2375 NE 194th ST
Miami, FL 33180

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

Gigi W. McHale

Signature/Registered Agent

1/18/2007

Date

Gigi W. McHale

Signature/Incorporator

1/18/2007

Date