

PO8000004812

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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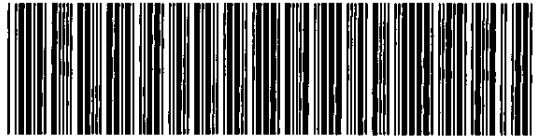
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 JAN 14 AM 11:27

EP 1/15/08

TRANSMITTAL LETTER

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

SUBJECT: N P N PROFESSIONAL NURSING HEALTHCARE INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

ADDITIONAL COPY REQUIRED

FROM: NATHALIE PIERRE-NOEL
Name (Printed or typed)

207 ISLE VERDE WAY

Address

PALM BEACH GARDENS FL 33418

City, State & Zip

(561) 880-0351

Daytime Telephone number

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

ARTICLES OF INCORPORATION

The undersigned incorporator, for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopts the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

N P N PROFESSIONAL NURSING HEALTHCARE INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

207 ISLE VERDE WAY
PALM BEACH GARDENS FL 33418

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100 SHARES NO PAR VALUE

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS


The name and Florida street address of the initial registered agent are:

NATHALIE PIERRE-NOEL
207 ISLE VERDE WAY
PALM BEACH GARDENS FL 33418

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

SAME AS ABOVE NATHALIE PIERRE-NOEL
207 ISLE VERDE WAY
PALM BEACH GARDENS FL 33418


Signature/Incorporator

1/8/08
Date

(An additional article must be added if an effective date is requested.)

Having been named as registered agent and to accept service of process for the above 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, and I am familiar with and accept the obligations of my position as registered agent.


Signature/Registered Agent

1/8/08
Date

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