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SECRETARY OF STATE

J. Sthres FEB 1 i 2007

COVER LETTER

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

SUBJECT:	National NWS	es Network	TM.		
	(FROFOSED CORFORA)	IE NAME – <u>MUST INCL</u>	ODE SUFFIX)		
Enclosed are an orig	ginal and one (1) copy of the artic	eles 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 PY REQUIRED		
FROM:	Audrey M. 550 Sen	Schellham (Printed or typed) LCO TVOU'	.CRE	2008 FEB 11	
	May Hay City, 5 c: (407) A	1ddress 1	ASSEE, FLORIDA	11 PM 3: 17	
		elephone number 244 - J492			

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)
The name of the corporation shall be:
National Nurses Network, Inc.
ARTICLE II PRINCIPAL OFFICE The principal place of business/mailing address is:
550 Seneca Trail MaiHand, Fe 32751
ARTICLE III PURPOSE The purpose for which the corporation is organized is:
Nursing Education
ARTICLE IV SHARES The number of shares of stock is:
ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s): MINITIAL OFFICERS AND/OR DIRECTORS List name(s), address(es) and specific title(s):
Audrey M. Schelhammer, Counder President 550 Senua Trail
MUHMA, M 192151 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is:
MUHANDA M 12751 ARTICLE VI REGISTERED AGENT The name and Florida street address (P.O. Box NOT acceptable) of the registered agent is: AUDU W SCHUNANUW 550 SINUA TVUI MUHANDA M 12751 ARTICLE VII INCORPORATOR The name and address of the Incorporator is: AUDU W SCHULLAUW 550 SINUA TVUI 550 SINUA TVUI MUHANDA M 12751
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
Signature/Registered Agent Date Signature/Incorporator Date
Audrey M. Schellhammer