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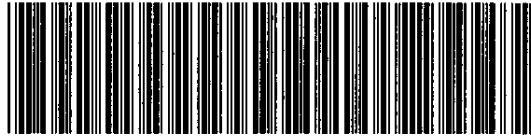
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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02/18/08--01011--002 **70.00

FILED

2008 FEB 18 A 10:53

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2-19-08
12

COVER LETTER

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

SUBJECT: Aurora Nurses, 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: Law Offices of Greg Ross, P.A.
Name (Printed or typed)

311 SE 10 Ct.

Address

Ft. Lauderdale, FL 33316

City, State & Zip

954-522-4506

Daytime Telephone number

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

ARTICLES OF INCORPORATION

of

Aurora Nurses, Inc.

FILED
2000 FEB 18 A 10:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

The undersigned incorporator, for the purposes of forming a corporation under the Florida Business Corporations Act, hereby adopts the following Articles of Incorporation:

**ARTICLE ONE
NAME AND PRINCIPAL ADDRESS**

The name of the corporation shall be **Aurora Nurses, Inc.**. The principal address of the Corporation will be **10475 Riverside Drive, Suite 10, Palm Beach Gardens, Florida 33410.**

**ARTICLE TWO
DURATION**

This corporation shall have perpetual existence commencing on the date of the filing of these Articles with the Department of State.

**ARTICLE THREE
PURPOSE**

The corporation may transact any and all lawful business for which corporations may be incorporated under Florida law.

**ARTICLE FOUR
CAPITAL STOCK**

The number of shares of stock that this Corporation is authorized to have outstanding at any one time is Fifteen Hundred (1,500) shares at One Dollar (\$1.00) par value.

**ARTICLE FIVE
PRE-EMPTIVE RIGHTS**

Every shareholder, upon the sale for cash of any new stock of this corporation shall have the right to purchase his pro-rata share thereof (as nearly as may be done without issuance of fractional

shares) at the price at which it is offered to others.

ARTICLE SIX
REGISTERED OFFICE AND AGENT

The street address of the initial registered office of this corporation is 311 Southeast Tenth Court, Fort Lauderdale, Florida 33316 and the name of the initial registered agent at that address is GREG ROSS, ESQ..

ARTICLE SEVEN
INCORPORATORS

The name and address of each person signing these Articles is:

<u>NAME</u>	<u>ADDRESS</u>	<u>OFFICE</u>
ANNETTE McCLUSKY	14057 Glen Lyon Court Delray Beach, Florida 33446	Treasurer
FRANCES E. CADE	4410 NE 24 Ave. Lighthouse Point, Florida 33064	Vice President
COLLEEN GAINES	437 Inlet Road North Palm Beach, Florida 33408	President
EVELISE B. SUTERA	1420 Ocean Way, Apt. 8C Jupiter, Florida 33477	Secretary

ARTICLE EIGHT
INDEMNIFICATION

The corporation shall indemnify any officer or director, or any former officer or director, to the full extent permitted by law.

ARTICLE NINE
AMENDMENT

This corporation reserves the right to amend or repeal any provision contained in these Articles of Incorporation, or any amendment hereto, and any right conferred upon the shareholders is subject to this reservation.

IN WITNESS WHEREOF, the undersigned subscribers have executed these Articles of

Incorporation on this 17 day of January 2008.

Colleen E. Gaines
COLLEEN GAINES

Evelise B. Sutera
EVELISE B. SUTERA

Frances E. Cade
FRANCES E. CADE

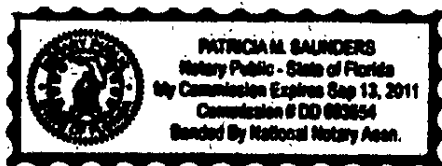
Annette McClusky
ANNETTE McCLUSKY

STATE OF FLORIDA

COUNTY OF Palm Beach

BEFORE ME, the undersigned officer duly authorized to administer oaths, personally appeared COLLEEN GAINES, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the State and County aforesaid, this 17 day of January, 2008.



Patricia M. Saunders
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Personally known: ✓

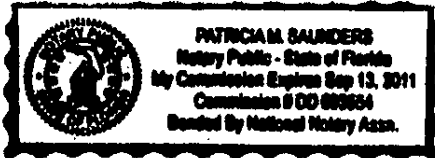
Produced Identification: _____

STATE OF FLORIDA

COUNTY OF Palm Beach

BEFORE ME, the undersigned officer duly authorized to administer oaths, personally appeared EVELISE B. SUTERA, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the
State and County aforesaid, this 17 day of January, 2008.



Patricia M. Saunders

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Personally known: ✓
Produced Identification: _____

STATE OF FLORIDA

COUNTY OF Palm Beach

BEFORE ME, the undersigned officer duly authorized to administer oaths, personally appeared FRANCES E. CADE, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the
State and County aforesaid, this 17 day of January, 2008.



Patricia M. Saunders

NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

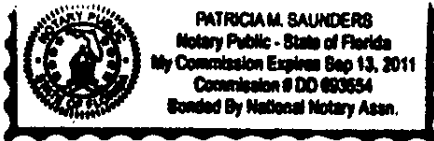
Personally known: ✓
Produced Identification: _____

STATE OF FLORIDA

COUNTY OF Palm Beach

BEFORE ME, the undersigned officer duly authorized to administer oaths, personally appeared ANNETTE McCLUSKY, known to be and known by me to be the person who executed the foregoing Articles of Incorporation, and she acknowledged before me that she executed those Articles of Incorporation.

IN WITNESS WHEREOF, I have hereunto set my hand and affixed my official seal in the
State and County aforesaid, this 17 day of January, 2008.



Patricia M. Saunders
NOTARY PUBLIC
State of Florida at Large
My Commission Expires:

Personally known: ✓

Produced Identification: _____

CERTIFICATE DESIGNATING PLACE OF BUSINESS OR DOMICILE FOR THE SERVICE OF PROCESS WITHIN FLORIDA, NAMING AGENT UPON WHOM PROCESS MAY BE SERVED.

IN COMPLIANCE WITH SECTION 48.091, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED:

FIRST, THAT COLLEEN GAINES, FRANCES E. CADE, EVELISE B. SUTERA, and ANNETTE McCLUSKY, DESIRING TO ORGANIZE OR QUALIFY UNDER THE LAWS OF THE STATE OF FLORIDA, WITH ITS PRINCIPAL PLACE OF BUSINESS AT 10475 RIVERSIDE DRIVE, SUITE 10, PALM BEACH GARDENS, FLORIDA 33410, HAVE NAMED GREG ROSS, ESQ., WITH HIS PRINCIPAL ADDRESS OF 311 S.E. 10th COURT, FORT LAUDERDALE, FLORIDA, 33316, COUNTY OF BROWARD, STATE OF FLORIDA, AS THEIR AGENT TO ACCEPT SERVICE OF PROCESS WITHIN FLORIDA.

Colleen Gaines
(Corporate Officer)

TITLE: President

DATE: 1-17-08

Frances E. Cade
(Corporate Officer)

TITLE: Vice President

DATE: 1-17-08

Annette McClusky
(Corporate Officer)

TITLE: Treasurer

DATE: 1-17-08

Evelise B. Sutura
(Corporate Officer)

TITLE: Secretary

DATE: 1-17-08

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE STATED CORPORATION, AT THE PLACE DESIGNATED IN THIS CERTIFICATE, I HEREBY AGREE TO ACT IN THIS CAPACITY, AND I FURTHER AGREE TO COMPLY WITH THE PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE PERFORMANCE OF MY DUTIES.

SIGNATURE:

GREG ROSS, ESQ.
(Resident Agent)

DATE:

1/21/08