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(R	Requestor's Name)				
(A	Address)				
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(C	ity/State/Zip/Phone	e #)			
PICK-UP	☐ WAIT	MAIL			
(Business Entity Name)					
(Document Number)					
Certified Copies	Certificates	s of Status			
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# **COVER LETTER**

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

SUBJECT:	Jane R.N. Services, Inc.					
(PROPOSED CORPORATE NAME – <u>MUST INCLUDE SUFFIX</u> )						
	·					
Enclosed are an orig	inal and one (1) copy of the art	icles of incorporation and	a check for:			
\$70.00 Filing Fee	<ul><li></li></ul>	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PPY REQUIRED			
FROM:	Jane D. Fabros, R.N. Name (Printed or typed)					
9455 Bay Harbor Terrace, Apt. 2-N Address						
	Bay Harbor Island, FL 33154 City, State & Zip					
-		553-0229 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)

### ARTICLE I NAME

The name of the corporation shall be:

. Jane R.N. Services, Inc.

### ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailing address is: 9455 Bay Harbor Terrace, Apt. 2-N
Bay Harbor Island, FL 33154

### ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Any and all lawful business permitted in the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is:

One hundred (100) shares @ US\$1.00 per share

### ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Jane D. Fabros, R.N, 9455 Bay Harbor Terrace, Apt. 2-N, Bay Harbor Island, FL 33154 (President) DIVISION OF TARY OF SATIONS
DIVISION OF TARY O

ARTICLE VI	REGISTERED AGE	<u>NT</u>		
·The name and Flor	<u>ida street address</u> (P.O. B	Box NOT acceptable)	of the registered age	ent is:
Jane D. Fabros,	R.N. 9455 Bay Harbor T	Ferrace, Apt. 2-N, E	3ay Harbor Island,	, FL 33154
-				
ARTICLE VII	INCORPORATOR			
	ress of the Incorporator is:			
Jane D. Fabros, I	R.N. 9455 Bay Harbor T	errace, Apt. 2-N, E	3ay Harbor Island,	FL 33154
*****	******	******	*****	******
Having been named as certificate, I am familia	registered agent to accept serv r with and accept the appointme	vice of process for the ab ent as registered agent ar	ove stated corporation of a decident of the contract of the co	at the place designated in the pacity
	Man			3/10/8
Signature	Registered Agent			Date
	Man			3/10/8
Signatur	e/Incorporator			Date