

P08000040447

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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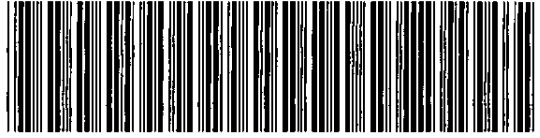
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 APR 21 PM 4:06

W08000018724

EP 4/22/08



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 11, 2008

MARTHA SHELEST-CALCANES
6570 AMARILLO LANE
BOCA RATON, FL 33433

SUBJECT: M.S.C. NURSE CONSULTANT INC.
Ref. Number: W08000018726

We have received your document for M.S.C. NURSE CONSULTANT INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must state the number of shares of authorized stock. The consultation of a legal counsel is always recommended if uncertain of the appropriate number of shares to authorize.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6062.

Eula Peterson
Regulatory Specialist II
New Filing Section

Letter Number: 908A00021716

TRANSMITTAL LETTER

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

SUBJECT: M.S.C NURSE CONSULTANT 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: MARTHA SHELEST-CALCANES, R.N., L.N.C.
Name (Printed or typed)

6570 AMARILLO LANE
Address

BOCA RATON, FLORIDA, 33433
City, State & Zip

① 561-901-3472 (CELL) ② 561-416-1140 (HOME)
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)

ARTICLE I NAME

The name of the corporation shall be: M.S.C. NURSE CONSULTANT INC.

ARTICLE II PRINCIPAL OFFICE

The principal place of business/mailling address is: M.S.C. NURSE CONSULTANT INC.
6570 AMARILLO LANE
BOCA RATON, FLORIDA, 33433

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: ^{LEGAL} ~~LEGAL~~ NURSE CONSULTING SERVICE

ARTICLE IV SHARES

The number of shares of stock is: ¹⁰⁰⁰ ~~1000~~ (1000) 1,000 (ONE THOUSAND) SHARES @
— 0.50 ~~0.50~~ / PER SHARE

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

MARTHA SHELEST-CALCANES R.N., L.N.C.
6570 AMARILLO LANE
BOCA RATON, FLORIDA, 33433

ARTICLE VI REGISTERED AGENT

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

MARTHA SHELEST-CALCANES R.N., L.N.C.
6570 AMARILLO LANE
BOCA RATON, FLORIDA, 33433

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

MARTHA SHELEST-CALCANES R.N., L.N.C.
6570 AMARILLO LANE
BOCA RATON, FL, 33433.

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

Martha Shelest-Calcanes, R.N., L.N.C. 04/03/2008
Signature/Registered Agent Date

Martha Shelest-Calcanes R.N., L.N.C. 04/03/2008
Signature/Incorporator Date

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