



**COVER LETTER**

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

**SUBJECT:** IV TRAINING SOLUTIONS, 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:** DIANA MELTON  
Name (Printed or typed)

4329 COMANCHE TRAIL BOULEVARD  
Address

JACKSONVILLE, FLORIDA 32259  
City, State & Zip

904-616-6148  
Daytime Telephone number

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



RECEIVED

08 APR 28 AM 8:00

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 17, 2008

DIANA MELTON  
4329 COMANCHE TRAIL BOULEVARD  
JACKSONVILLE, FL 32259

SUBJECT: IV TRAINING SOLUTIONS, INC.  
Ref. Number: W08000019650

We have received your document for IV TRAINING SOLUTIONS, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

A corporation may not act as its own incorporator. Please designate an individual, another active domestic or foreign corporation, with a street address.

Section 607.0120(6)(b), or 617.0120(6)(b); Florida Statutes, requires that articles of incorporation be executed by an incorporator.

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: 108A00023123

**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:

IV TRAINING SOLUTIONS, INC.

**ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is:

4329 COMANCHE TRAIL BOULEVARD  
JACKSONVILLE, FLORIDA 32259

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

PROVIDE INFUSION THERAPY EDUCATION.

**ARTICLE IV SHARES**

The number of shares of stock is:

ONE

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

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

DIANA MELTON, BSN, CRNI, MSHA (OWNER)  
4329 COMANCHE TRAIL BOULEVARD  
JACKSONVILLE, FLORIDA 32259

**ARTICLE VI REGISTERED AGENT**

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

DIANA MELTON, BSN, CRNI, MSHA  
4329 COMANCHE TRAIL BOULEVARD  
JACKSONVILLE, FLORIDA 32259

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

DIANA MELTON, BSN, CRNI, MSHA  
4329 COMANCHE TRAIL BOULEVARD  
JACKSONVILLE, FLORIDA 32259

\*\*\*\*\*

*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*

*Diana Melton*

Signature/Registered Agent

APRIL 25, 2008

Date

*Diana Melton*

Signature/Incorporator

APRIL 25, 2008

Date

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 APR 28 PM 12:19