

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