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(Requestor's Name)				
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Certified Copies Certificates of Status				
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# **COVER LETTER**

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

SUBJECT: CARE S	SOLUTIONS NURSE REGISTRY,	INC.	HDE CUEEIVA	
	(PROPOSED CORPORA	TE NAME – <u>MUST INCL</u>	<u>.ude suffix</u> )	
Enclosed are an orig	inal and one (1) copy of the artic	cles of incorporation and	a check for:	
\$70.00 Filing Fee	☐ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy  ADDITIONAL CO	\$87.50 Filing Fee, Certified Copy & Certificate of Status PY REQUIRED	
FROM: GLENN R. LUISI ACCOUNTANT, P.A.  Name (Printed or typed)				
	104 PRESTWOOD LANE	Address		
	MOORESVILLE, NC 28117 City,	State & Zip		
	704-895-0626	elephone 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:

CARE SOLUTIONS NURSE REGISTRY, INC.

# PRINCIPAL OFFICE ARTICLE II

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

3701 NW 24th STREET LAUDERDALE LAKES, FL 33311

# ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

This corporation may transact any and all lawful business for which corporations may be incorporated under the Laws of the State of Florida.

### ARTICLE IV SHARES

The number of shares of stock is: 1.000 Shares

# ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

Melanie O. Mathelier

Snova Williams

12914 SW 42nd Street

3701 NW 24th Street

Miramar, FI 33027

Lauderdale Lakes, Fl 33311

President / Treasurer Vice President / Secretary

# ARTICLE VI REGISTERED AGENT

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

Melanie O. Mathelier

12914 SW 42nd Street

Miramar, FI 33027

### ARTICLE VII INCORPORATOR

The <u>name</u> and address of the Incorporator is:

Melanie O. Mathelier

12914 SW 42nd Street

Miramar, FI 33027

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

Signature/Incorporator

12 -01-08 Date