

PO9000030988

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

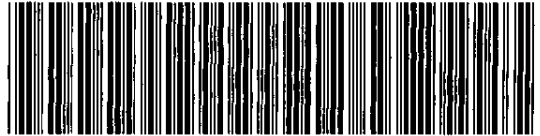
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

*Charles Etienne* GAVE  
AUTHORIZATION BY PHONE TO  
CORRECT *Article VII*  
DATE *4/7/09*  
DOC. EXAM *MRS*

Office Use Only



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04/03/09--01021--011 \*\*78.75

FILED  
09 APR -3 PM 3:20  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

MRS  
4/7

## COVER LETTER

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

**SUBJECT:** CM CARE STAFFING 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:** CHARLES ETIENNE  
Name (Printed or typed)

3200 NORTH FEDERAL HWY SYUITE 224  
Address

BOCA RATON FL 33431  
City, State & Zip

786-423-7310  
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)

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09 APR -3 PM 3:20

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I NAME**

The name of the corporation shall be:

CM CARE STAFFING INC

**ARTICLE II PRINCIPAL OFFICE**

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

3200 N Federal Hwy suite 224  
BOCA RATON FL 33431

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide staff Relief to Companies

**ARTICLE IV SHARES**

The number of shares of stock is:

2

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

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

CHARLES ETIENNE President/CEO  
MARIE A. ETIENNE Vice President  
5412 Eastbay DR Greenacres FL 33463

**ARTICLE VI REGISTERED AGENT**

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

5412 Eastbay DR CHARLES ETIENNE  
Greenacres FL 33463

**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

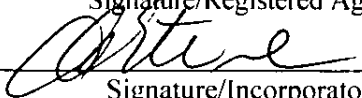
CHARLES ETIENNE  
5412 Eastbay DR Greenacres FL 33463

\*\*\*\*\*

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/Registered Agent



Signature/Incorporator

3/31/09

Date

3/31/09

Date