

PG9000034465

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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04/16/09--01022--004 **87.50

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09 APR 16 PM 11:35

2009-12-16 11:35 AM
ADAMS, J. L.

DA

April 13, 2009

SECRETARY OF STATE
DIVISION OF CORPORATIONS
P.O. BOX 6327
TALLAHASSEE, FLORIDA 32314

RE: NIGHT NURSE EXPRESS INC.

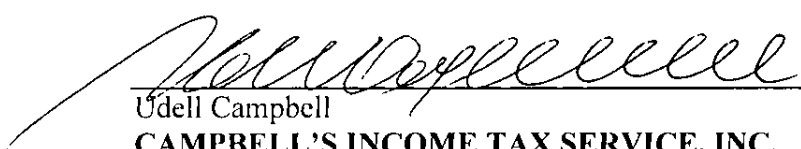
To Whom It May Concern:

Please find enclosed the original and one copy of the Article of Incorporation, together with the money for the cost of the filing fees, certified copy of Article of Incorporation and fee for Registered Agent Designation for the above named corporation.

Please return to my office the registered Article of Incorporation for the above named corporation at my address: **354 NE 167th Street, North Miami Beach, Florida 33162.**

Your kind and Quick attention to this matter is appreciated.

Respectfully,



Udell Campbell

CAMPBELL'S INCOME TAX SERVICE, INC.

PH: (305)948-3899

FX: (305)948-8992

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:

NIGHT NURSE EXPRESS INC.

ARTICLE II PRINCIPAL OFFICE

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

7630 INDIGO STREET
MIRAMAR, FLORIDA 33023

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:
DELIVERY SERVICES

ARTICLE IV SHARES

The number of shares of stock is:
1000 @ \$1.00

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

List name(s), address(es) and specific title(s):
CARL GEORGE MALCOLM - PRESIDENT

ARTICLE VI REGISTERED AGENT

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

CARL GEORGE MALCOLM
7630 INDIGO STREET
MIRAMAR, FLORIDA 33023

ARTICLE VII INCORPORATOR

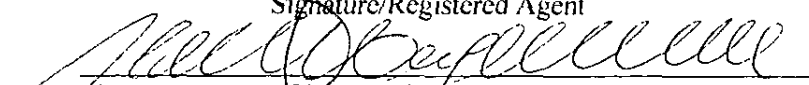
The name and address of the Incorporator is:
CAMPBELL'S INCOME TAX SERVICE, INC.
354 NE 167TH STREET
NORTH MIAMI, FLORIDA 33162

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

04-13-09
Date



Signature/Incorporator

04-13-09
Date

FILED
09 APR 16 PM 11:35
STATE OF FLORIDA
CLERK OF THE CIRCUIT COURT
IN AND FOR THE COUNTY OF MIAMI