

P.09000041758

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

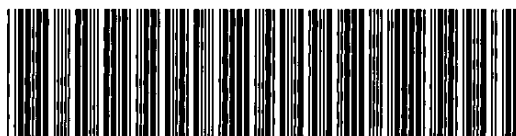
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



300155735923

05/11/09--01008--028 **78.75

2009 MAY 11 PM 4: 46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. Burch MAY 12 2009

COVER LETTER

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

SUBJECT: SALOMON NURSING SERVICES, 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: RAMON REYES P.A.
Name (Printed or typed)

5035 PALM AVE
Address

HIALEAH, FL 33012
City, State & Zip

3058220669
Daytime Telephone number

E-mail address: (to be used for future annual report notification)

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:

SALOMON NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

1204 N.W. 43rd AVE # 1-F
MIAMI, FL. 33126

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

ANY AND ALL LAWFULL BUSINESS

ARTICLE IV SHARES

The number of shares of stock is:

10,000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

SHAILY SALOMON 1204 N.W. 43rd AVE. APT. 1-F
MIAMI, FL 33126

ARTICLE VI REGISTERED AGENT

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

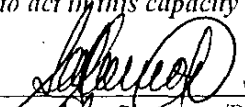
SHAILY SALOMON 1204 N.W. 43rd AVE. APT. 1-F
MIAMI, FL. 33126

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

P/S SHAILY SALOMON 1204 N.W. 43rd AVE. APT. 1-F
MIAMI, FL. 33126


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

X 

Signature/Registered Agent

05/06/09

Date

X 

Signature/Incorporator

05/06/09

Date

FILED
2009 MAY 11 PM 4:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA