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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
2009 SEP 16 PM 5:01

9/17/09

**COVER LETTER**

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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS

2009 SEP 16 PM 5:01

SUBJECT: Nursing, 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: Latonya Cleare  
Name (Printed or typed)

181 NE 161 St  
Address

Miami, FL 33162  
City, State & Zip

786-715-2275  
Daytime Telephone number

latonya\_cleare001@hotmail.com  
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)

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DIVISION OF CORPORATIONS

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## ARTICLE I NAME

The name of the corporation shall be: *Nursing, Inc.*

## ARTICLE II PRINCIPAL OFFICE

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

*181 NE 161 St  
Miami, FL 33162*

## ARTICLE III PURPOSE

The purpose for which the corporation is organized is: *Nursing Agency and Training Center*

## ARTICLE IV SHARES

The number of shares of stock is: *(1) - I'm sole shareholder*

## ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

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

*Latonya Cleare - President/Director  
181 NE 161 St  
Miami, FL 33162*

## ARTICLE VI REGISTERED AGENT

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

*Latonya Cleare  
181 NE 161 St  
Miami, FL 33162*

## ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

*Latonya Cleare  
181 NE 161 St  
Miami, FL 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

*Latonya Cleare*  
\_\_\_\_\_  
Signature/Registered Agent

*9/01/09*  
\_\_\_\_\_  
Date

*Latonya Cleare*  
\_\_\_\_\_  
Signature/Incorporator

*9/01/09*  
\_\_\_\_\_  
Date