

P10000025901

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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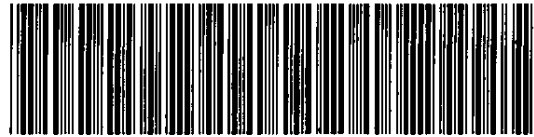
(Business Entity Name)

(Document Number)

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

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03/22/10--01037--003 \*\*78.75

APPROVED  
AND  
FILED  
10 MAR 22 AM 8:15  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## COVER LETTER

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

**SUBJECT:** Legal Nurse Consulting Center, 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:** Drew Skavroneck

Name (Printed or typed)

1500 S. Ocean Drive Suite 15 J

Address

Hollywood Beach, Florida 33019

City, State & Zip

954 449-6860

Daytime Telephone number

Drewskav@aol.com

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

**NOTE: Please provide the original and one copy of the articles.**

APPROVED  
AND  
FILED

10 MAR 22 AM 8:15

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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:

Legal Nurse Consulting Center, Inc.

**ARTICLE II PRINCIPAL OFFICE**

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

1500 S. Ocean Drive Suite 15 J, Hollywood Beach, Florida 33019

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

Provide educational courses to nurses.

**ARTICLE IV SHARES**

The number of shares of stock is:

100 shares common stock

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

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

Director- Drew

Skavroneck

Treasurer- Millie Guterres

Secretary- Estella Fierroz

**ARTICLE VI REGISTERED AGENT**

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

Andrew Skavroneck 1500 S. Ocean Drive, 15 J Hollywood Beach, FL 33019

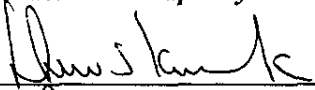
**ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is:

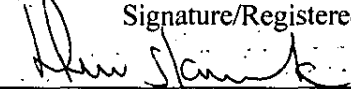
Drew Skavroneck 1500 South Ocean Drive, 15 J Hollywood Beach, FL 33019

\*\*\*\*\*

*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

3/18/10

Date

3/18/10

Date