

P10000027036

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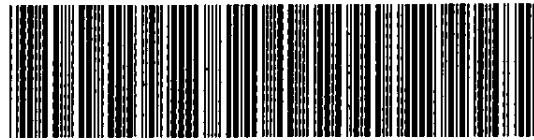
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FL 32304

10 MAR 26 PM 12:21

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3-29-10 CH

**COVER LETTER**

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

**SUBJECT:** RASKIN NURSE CONSULTANTS, 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:** ALLAN M. SOLOMON, CPA

Name (Printed or typed)

254 DAYLILY DRIVE

Address

LANGHORNE, PA. 19047

City, State & Zip

(215) 757-2311

Daytime Telephone number

TAXDOER@VERIZON.NET

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

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

RASKIN NURSE CONSULTANTS, INC.

**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:

RASKIN NURSE CONSULTANTS, INC.

**ARTICLE II PRINCIPAL OFFICE**The principal street address and mailing address, if different is:

575 CRANE PRAIRIE WAY

OSPREY, FL 34229

**ARTICLE III PURPOSE**

The purpose for which the corporation is organized is:

TO CONDUCT NURSING CONSULTATION SERVICES BUSINESS

**ARTICLE IV SHARES**

The number of shares of stock is:

10,000 SHARES COMMON, NO PAR VALUE

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

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

SANDEE J. RASKIN 575 CRANE PRAIRIE WAY OSPREY, FL. 34229

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

ALLAN M. SOLOMON, CPA 321 SW MACLAY WAY PORT ST LUCIE, FL. 34986

**ARTICLE VII INCORPORATOR**The name and address of the Incorporator is:

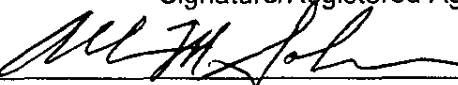
ALLAN M. SOLOMON, CPA 321 SW MACLAY WAY PORT ST. LUCIE, FL. 34986

\*\*\*\*\*

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

 Allan M. Solomon  
Signature/Registered Agent

3/23/2010  
Date

 Allan M. Solomon  
Signature/Incorporator

3/23/2010  
Date

FILED  
10 MAR 26 PM 12:21  
SECRETARY OF STATE  
TALLAHASSEE, FL 32301