

P10000103838

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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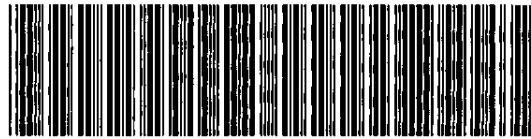
(Business Entity Name)

(Document Number)

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2010 DEC 28 AM 10:23

SEC. 700189034047  
FALL, H. ROSE, T. J. (MID)

J. E. HARRIS DEC 29 2010

## COVER LETTER

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

**SUBJECT:** NP SOLUTION SERVICES, P.A.  
(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      ☐ \$78.75  
Filing Fee      Filing Fee  
                         & Certificate of Status

☒ \$78.75      ☐ \$87.50  
Filing Fee      Filing Fee,  
& Certified Copy      Certified Copy  
                         & Certificate of  
                         Status  
**ADDITIONAL COPY REQUIRED**

**FROM:** Esple Blanco c/o Allen Corporation Supply Co., Inc.  
Name (Printed or typed)

10440 Pioneer Blvd., Suite #8  
Address

Santa Fe Springs, CA 90670  
City, State & Zip

562/906-1635  
Daytime Telephone number

espie@allencorpsupply.com  
E-mail address: (to be used for future annual report notification)

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

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## 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: NP SOLUTION SERVICES, P.A.

### **ARTICLE II PRINCIPAL OFFICE**

The principal street address and mailing address, if different is: 10251 W. Sample Rd., Suite "D"  
Coral Springs, FL 33065

### **ARTICLE III PURPOSE**

The purpose for which the corporation is organized is: to provide nurse practitioner services

### **ARTICLE IV SHARES**

The number of shares of stock is: 100,000 shares with a par value of \$1.00 per share

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

List name(s), address(es) and specific title(s): Carrie Tylim, President  
10251 W. Sample Rd., Suite "D"  
Coral Springs, FL 33065

### **ARTICLE VI REGISTERED AGENT**

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

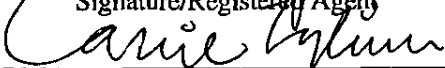
Carrie Tylim  
10251 W. Sample Rd., Suite "D", Coral Springs, FL 33065

### **ARTICLE VII INCORPORATOR**

The name and address of the Incorporator is: Carrie Tylim  
10251 W. Sample Rd., Suite "D"  
Coral Springs, FL 33065

\*\*\*\*\*  
*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

12/15/10

Date

12/15/10

Date

2010 DEC 28 AM 10:23

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