rision of Corporations



Division of Corporations **Electronic Filing Cover Sheet**

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FLORIDA PROFIT/NON PROFIT CORPORATION NURSING SERVICE PROVIDERS INC

Certificate of Status 0 Certified Copy 1 Page Count 03 **Estimated Charge** \$78,75

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H 1 1 0 0 0 0 8 0 4 5 6 ARTICLES OF INCORPORATION

The undersigned Incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I - NAME

The name of the corporation shall be:

NURSING SERVICE PROVIDERS INC

ARTICLE II - PRINCIPAL OFFICE

The principal place of business and mailing of this corporation shall be:

P- 6916 NW 72 AVE MIGMI FC 33166 M- 15629 NW 72 AVE MIGMI FL 33054

ARTICLE III - SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

100

ARTICLES IV - INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

JUAN CANGS PERFZ 15629 NW 72 QUES ALIMI FC 33054

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ARTICLE V - INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation is:

6916 NW 72 AUE MIDNI, FC 33166

The undersigned incorporator has executed these Articles of Incorporation this

<u>⇒</u> day of <u>○</u> 20// .

ARTICLE VI- DIRECTOR (S)

The name(s) and street address (es) of the director(s) to these Articles of

Incorporation is (are):
June Canlos Penez

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT /REGISTERED OFFICE

Having been named as Registered Agent and to accept service of process for the above stated corporation at place designated in this certificate, I heroby accept the appointment as Registered Agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes related to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as Registered Agent.

Registered Agent Signature

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