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COVER LETTER

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

SUBJECT: NursePower, 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

<input type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input checked="" type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: David M. Wagner

Name (Printed or typed)

1401 Blumberg Blvd. Suite #320

Address

Winter Springs, FL 32708

City, State & Zip

(407) 542-3223

Daytime Telephone number

NursePowerIncorporated@yahoo.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

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In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

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AND
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TALLAHASSEE, FLORIDA

ARTICLE I NAME

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

ARTICLE II PRINCIPAL OFFICE

Principal street address:

1401 Blumberg Blvd. Suite #320 Winter Springs, FL 32708

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To Provide Temporary Nursing Care For Hospitals, Rehabilitation Centers, Nursing Homes, And At Home Care When Their Staffing Needs For Nurses And Nursing Assistance Is Short.

ARTICLE IV SHARES

The number of shares of stock is: **1000**

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **David M. Wagner, President**

Address: **1401 Blumberg Blvd. Suite #320 Winter Springs, FL 32708**

ARTICLE VI REGISTERED AGENT

The name and Florida street address of the registered agent is:

Name: **David M. Wagner**

Address: **1401 Blumberg Blvd. Suite #320 Winter Springs, FL 32708**

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: **David M. Wagner**

Address: **1401 Blumberg Blvd. Suite #320 Winter Springs, FL 32708**

ARTICLE VIII EFFECTIVE DATE

Effective Date: **January 1, 2012**

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

David M. Wagner

November 20, 2011

David M. Wagner/Registered Agent

Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

David M. Wagner

November 20, 2011

David M. Wagner/Incorporator

Date

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TALLAHASSEE, FLORIDA