

P120000039428

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:  
Division of Corporations  
Fax Number : (850) 617-6381

From:  
Account Name : FASTKIT CORP  
Account Number : I20100000009  
Phone : (305) 599-0839  
Fax Number : (305) 592-9591

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

Email Address: \_\_\_\_\_

**FLORIDA PROFIT/NON PROFIT CORPORATION  
NURSE TO YOU, INC.**

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ARTICLES OF CORPORATION

ARTICLES OF INCORPORATION

NURSE TO YOU, INC.

THE UNDERSIGNED INCORPORATOR(S), FOR THE PURPOSE OF FORMING A CORPORATION UNDER THE FLORIDA GENERAL CORPORATION ACT, HEREBY ADOPT (S) THE FOLLOWING ARTICLES OF INCORPORATION.

ARTICLE I.

THE NAME OF THE CORPORATION SHALL BE:

NURSE TO YOU, INC.

THE PRINCIPAL PLACE OF BUSINESS OF THIS CORPORATION SHALL BE:

4425 N.W. 203RD STREET  
MIAMI GARDENS, FLORIDA 33055-1548

ARTICLE II. NATURE OF BUSINESS

THIS CORPORATION MAY ENGAGE IN OR TRANSACT ANY OR ALL LAWFUL ACTIVITIES OR BUSINESS PERMITTED UNDER THE LAWS OF THE UNITED STATES, THE STATE OF FLORIDA, OR ANY OTHER STATE, COUNTRY, TERRITORY OR NATION.

ARTICLE III. CAPITAL STOCK

THE AGGREGATE NUMBER OF SHARES OF STOCK AND ITS PAR VALUE THAT THIS CORPORATION IS AUTHORIZED TO HAVE OUTSTANDING AT ANY ONE TIME IS:

1000 ONE THOUSAND AT \$1.00  
ONE DOLLAR PAR VALUE.

ARTICLE IV. TERM OF EXISTENCE

THIS CORPORATION IS TO EXIST PERPETUALLY.

ARTICLE V. OFFICERS DIRECTORS

THE NAME (S) AND STREET ADDRESS (ES) OF THE INITIAL OFFICER (S) AND

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

ARTICLES OF CORPORATION  
DIRECTOR (S), IF ANY, WHO SHALL HOLD OFFICE THE FIRST YEAR OF THE CORPORATION'S  
EXISTENCE OR UNTIL THEIR SUCCESSOR (S) IS (ARE) ELECTED, IS (ARE):

PRESIDENT: ULALEE LAWRENCE  
4425 N.W. 203RD STREET  
MIAMI GARDENS, FLORIDA 33055

VICE PRES:

TREAS:

ARTICLE VI. INCORPORATOR (S)

---

THE NAME (S) AND STREET ADDRESS (ES) OF THE INCORPORATOR (S) TO THIS  
ARTICLES OF INCORPORATION IS (ARE):

PRESIDENT: ULALEE LAWRENCE  
4425 N.W. 203RD STREET  
MIAMI GARDENS, FLORIDA 33055-1548

VICE- PRES:

PREPARED BY: BARBARA FOUST, C PA  
3401 N.W. 202ND STREET  
MIAMI GARDENS, FLORIDA 33056-1722  
(305) - 623-5109

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE)  
EXECUTED THESE ARTICLES OF INCORPORATION THIS: APRIL 25TH, 2012 ..

SIGNATURE (S) OF THE INCORPORATOR (S)

ARTICLES OF CORPORATION

ULALEE LAWRENCE, PRESIDENT

*UlaLee Lawrence*



BARBARA A. FOUST  
MY COMMISSION # EE 150815  
EXPIRES: December 10, 2015  
Bundled Your Notary Seal

CERTIFICATE OF DESIGNATION

REGISTERED AGENT AND REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.325, FLORIDA STATUTES,  
THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE  
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING  
THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

THE NAME OF THE CORPORATION:

NURSE TO YOU, INC.

THE NAME AND ADDRESS OF THE REGISTERED AGENT AND OFFICE IS:

BARBARA FOUST, C PA.  
3401 N.W. 202ND STREET  
MIAMI GARDENS, FLORIDA 33056-1722  
(305) - 623-5109

SIGNATURE:

*Barbara Foust*  
BARBARA FOUST

TITLE: REGISTERED AGENT

DATE: APRIL 25TH, 2012

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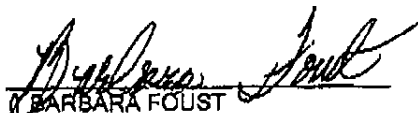
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ARTICLES OF CORPORATION

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HAVING BEEN NAMED TO ACCEPT SERVICE OF PROCESS FOR THE ABOVE  
STATED CORPORATION. AT THE PLACE DESIGNATED IN THIS CERTIFICATE.  
I HEREBY AGREE TO ACT IN THIS CAPACITY. AND I FURTHER AGREE TO COMPLY  
WITH PROVISIONS OF ALL STATUTES RELATIVE TO THE PROPER AND COMPLETE  
PERFORMANCE OF MY DUTIES.  
AND I ACCEPT THE DUTIES AND OBLIGATIONS OF SECTION 607.325, FLORIDA  
STATUTES.

SIGNATURE:

  
(BARBARA FOUST)

DATE:

APRIL 25TH, 2012

PREPARED BY: BARBARA FOUST, CPA  
3401 N.W. 202ND STREET  
MIAMI GARDENS, FLORIDA 33056-1722  
(305) - 623-5109 - (OFFICE)

IN WITNESS WHEREOF, THE UNDERSIGNED INCORPORATOR (S) HAS (HAVE) EXECUTED  
THESE ARTICLES OF INCORPORATION THIS: APRIL 25TH, 2012.