

P 12000058612

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

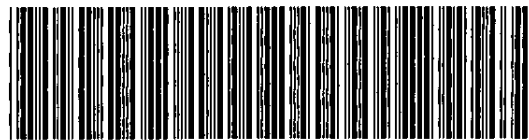
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12 JUN 29 PM 3:00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

7/2/12

FROM :

FAX NO. :

Jun. 18 2012 04:59PM P4

COVER LETTER

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

SUBJECT: NIGHTINGALE VIRTUAL HEALTH 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: Yvonne Sue Stutzke

Name (Printed or typed)

8130 SE Federal Highway

Address

Hobe Sound, FL 33455-6085

City, State & Zip

772-245-8390

Daytime Telephone number

sblemann@bellsouth.net

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

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 JUN 29 PM 3:00

FROM :

FAX NO. :

Jun. 18 2012 05:00PM P5

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

ARTICLE I NAME Nightingale Virtual Health Inc.
The name of the corporation shall be:

12 JUN 29 PM 3: 00

ARTICLE II PRINCIPAL OFFICE

Principal street address
8130 SE Federal Highway
Hobe Sound, FL 33455-6085

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

To engage in any activities or business permitted under the laws of the United States and Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100 shares

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yvonne Sue Stutzke, PSTD
Address: P. O. Box 643237
Vero Beach, FL 32964

Name and Title:
Address:

Name and Title: E. Michael Stutzke, VPD
Address: P. O. Box 643237
Vero Beach, FL 32964

Name and Title:
Address:

Name and Title:
Address:

Name and Title:
Address:

ARTICLE VI REGISTERED AGENT

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

Name: Yvonne Sue Stutzke
Address: 8130 SE Federal Highway
Hobe Sound, FL 33455-6085

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Yvonne Sue Stutzke
Address: 8130 SE Federal Highway
Hobe Sound, FL 33455-6085

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


Required Signature/Registered Agent

6/28/12
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.


Required Signature/Incorporator

6/28/12
Date