

P13000076045

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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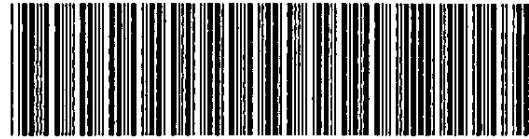
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
13 SEP 13 PM 4:39

9/16
JP

COVER LETTER

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

SUBJECT: Pegasus Nursing Services 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

☒ \$73.75 Filing Fee
& Certified Copy
☐ \$87.50 Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: CLAUDE BRYAN
Name (Printed or typed)
1170 SUSSEX DR Apt 1112
Address
North Lauderdale FL 33068
City, State & Zip
954 720 8515
Daytime Telephone number
Bryan.Clawde@aol.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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: Pegasus Nursing Services Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

1170 Sussessex DR Apt 1112
North Lauderdale
FL 33068

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To provide Nursing Services
to the public.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: CLAUDE BRYAN CEO Name and Title: _____

Address 1170 Sussessex DR 11 Address: _____
North Lauderdale
FL 33068.

Name and Title: Julie Pearl VP Name and Title: _____

Address 1170 Sussessex DR Address: _____
Apt 1112
North Lauderdale FL 33068

Name and Title: _____ Name and Title: _____

Address _____ Address: _____

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SECRETARY OF STATE
DIVISION OF CORPORATIONS

(conti.)

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

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

Name: Julie Pearl
Address: 1170 Sussex DR Apt 1112
North Lauderdale FL 33068

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Claude Bryan
Address: 1170 Sussex DR 1112
North Lauderdale FL 33068

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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]
Required Signature/Registered Agent

09/04/13
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.

Claude Bryan LPN
Required Signature/Incorporator

09.04.13
Date