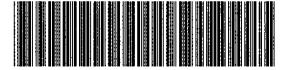
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(Requestor's Name)	
(Address)	
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(Address)	
(City/State/Zip/Phone #)	
PICK-UP WAIT	MAIL
(Business Entity Name)	
(Document Number)	
Certified Copies Certificates of Sta	tus
Special Instructions to Filing Officer:	
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Office Use Only



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COVER LETTER

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

C.	
TE NAME – <u>MUST INCL</u>	UDE SUFFIX)
cicles of incorporation and	d a check for:
\$78.75	\$87.50
Filing Fee	Filing Fee,
& Certified Copy	Certified Copy
	& Certificate of
	Status
ADDITIONAL CO	PY REQUIRED
(Printed or timed)	
e (Printed or typed)	
e (Printed or typed)	
• • • •	
Address	
Address 33034	
Address	
	ticles of incorporation and \$78.75 Filing Fee

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

Daytime Telephone number

ELISADIAZ40@YAHOO.COM
E-mail address: (to be used for future annual report notification)



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 6, 2014

ELISA DIAZ 18790 SW 356 ST HOMESTEAD, FL 33034

SUBJECT: K & J NURSING, INC. Ref. Number: W14000008047

We have received your document for K & J NURSING, INC. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The document must contain a registered agent with a Florida street address and a <u>signed</u> statement of acceptance. (i.e. I hereby am familiar with and accept the duties and responsibilities of Registered Agent.)

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 114A00002761

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

ne name of the corpo	AME ration shall be: K & J NURSING, I		
ARTICLE II PRINCIPAL OFFICE Principal street address 18790 SW 356 ST		Mailing address, if different is: 18790 SW 356 ST	
HOMESTEA	D, FL 33034	HOMESTE	AD, FL 33034
THE PUT PUT THE PUT IN THE PUT POSE FOR WHICH	RPOSE n the corporation is organized is: ANY AN	ID ALL LAWFUL	BUSINESS
,,, , ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, 	······································	**************************************	2014
			FEB I & PM
	TTIAL OFFICERS AND/OR DIRECTORS		FEB I & PM 1: 2
	TTIAL OFFICERS AND/OR DIRECTORS	Name and Title:	TARK OF SORT O
Name and Ti	TTIAL OFFICERS AND/OR DIRECTORS tle: PRESIDENT		TARK OF SORT O
Name and Ti	TTIAL OFFICERS AND/OR DIRECTORS tle: PRESIDENT ELISA DIAZ	Name and Title:	TARY CONTROL OF CONTROL
Name and Ti Address	TTIAL OFFICERS AND/OR DIRECTORS tle: PRESIDENT ELISA DIAZ 18790 SW 356 ST	Name and Title:	18 PH 1: 28
Name and Ti Address	PRESIDENT ELISA DIAZ 18790 SW 356 ST HOMESTEAD, FL 33034	Name and Title: Address: Name and Title:	I & PM 1:28
Name and Ti Address Name and Tit	PRESIDENT ELISA DIAZ 18790 SW 356 ST HOMESTEAD, FL 33034	Name and Title: Address: Name and Title: Address:	I & PH 1:28
Name and Ti Address Name and Tit Address	PRESIDENT ELISA DIAZ 18790 SW 356 ST HOMESTEAD, FL 33034	Name and Title: Address: Name and Title: Address:	18 PM 1:26
Name and Ti Address Name and Tit Address	TTIAL OFFICERS AND/OR DIRECTORS tle: PRESIDENT ELISA DIAZ 18790 SW 356 ST HOMESTEAD, FL 33034	Name and Title: Address: Name and Title: Address:	18 PM 1:26

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Name and Ti	itle:	Name and Title:	2014 EED . A CONTINUE TO BE
Address		Address:	TH 1: 27
		•	
		•	
ARTICLE VI R	EGISTERED AGENT		
	la street address (P.O. Box NOT acceptable) of	the registered age	nt is:
Name:	PliSA DIAN		
Address:	18790 SW 356 St		
_4	Lonestead Fl 3303	4	
ARTICLE VII II	NCORPORATOR		
The name and addre	ess of the Incorporator is:		
Name:	ELISA DIAZ		
Address:	18790 SW 356 ST		
	HOMESTEAD FL 33034		
Havina haan namad	as registered agent to accept service of process	for the above star	ted comparation at the place designated in
	familiar with and accept the appointment as regi		
			1/30/2014
	Required Signature/Registered Agent		Date
	ent and affirm that the facts stated herein are t artment of State constitutes a third degree felony		
	Elisa Diaz Required Signature/Incorporator		1/30/2014