

P/4000021176

(Requestor's Name)

(Address)

(Address)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

κ 03/10/14

COVER LETTER

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

SUBJECT: NurseLynx Consulting, 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 ☐ \$78.75
Filing Fee Filing Fee
 & Certificate of Status

☐ \$78.75 ☒ \$87.50
Filing Fee Filing Fee,
& Certified Copy Certified Copy
 & Certificate of
 Status
ADDITIONAL COPY REQUIRED

FROM: Paula Heaven-Swaby
Name (Printed or typed)
3800 Inverrary Blvd., Suite 400-M
Address
Lauderhill, Florida 33319
City, State & Zip
754-234-0311
Daytime Telephone number
PaulaHeavenSwaby@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
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be:

NurseLynx Consulting, INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

3800 Inverrary Blvd. Ste 400-M

Lauderhill, Florida 33319

Mailing address, if different is:

P.O. Box 190481

Fort Lauderdale, Florida

33319-0481

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: **to provide nursing and medical consulting services to a variety of medical providers (Home Health Agencies, Doctor's offices, Clinics, etc.). The company will provide chart reviews, auditing and staff training.**

ARTICLE IV SHARES

The number of shares of stock is:

10, 000, 000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: **Paula Heaven-Swaby,** Name and Title: _____

Address: **President** Address: _____

3800 Inverrary Blvd 400 - M

Lauderhill, FI 33319

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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TALLAHASSEE, FLORIDA

(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: Paula Heaven-Swaby
Address: 3800 Inverrary Blvd 400M
Lauderhill, FI 33319

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Paula Heaven-Swaby
Address: 3800 Inverrary Blvd 400M
Lauderhill, FL 33319

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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

Paula Heaven-Swaby

Required Signature/Registered Agent

3/4/14

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.

Paula Heaven-Swaby

Required Signature/Incorporator

3/4/14

Date