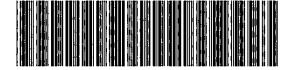
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(Re	equestor's Name)	
(Ac	ddress)	
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(Ci	ty/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Na	me)
(Do	ocument Number)
Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	
		·

Office Use Only



700257354767

- **700257354767** 03/06/14--01020--013 **87.50

SECRETARY OF CTATE
AND 3:

~ 03/10/14

COVER LETTER

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

~~~~~~~~	NurseL	vnx	Consulting,	INC
CIIR IFCT.		,	J.,	

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

<b>D</b> *== **	[] 650 55	D #50.55	<b>□€</b> 007.50
<b>□</b> \$70.00	<b>378.75</b>	<b>□</b> \$78.75	<b>2</b> \$87.50
Filing Fee	Filing Fee	Filing Fee	Filing Fee,
ŭ	& Certificate of Status	& Certified Copy	Certified Copy
			& Certificate of
		İ	Status
		ADDITIONAL CO	PY REQUIRED

/1 <b>V1</b> .	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		

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 NAM The name of the corpora	Etion shall be: NurseLynx Cons	sulting, INC		
ARTICLE II PRINCIPAL OFFICE Principal street address 3800 Inverrary Blvd. Ste 400-M		Mailing address, if different is: P.O. Box 190481		
Lauderhill, Flo	orida 33319	Fort Lauderdale, Florida		
		33319-048	1	
ARTICLE III PUR The purpose for which to Consulting set	pose the corporation is organized is: to provious to a variety of med	vide nursing and dical providers (H	medical ome Health	
Agencies, Do	ctor's offices, Clinics, et	c.). The company	will provide	
chart reviews	, auditing and staff traini	ng.		
			74 141	
			MAR CRET/	
	<u>IRES</u> 10, 000, 000		LED -6 MIO 33 RY OF STATE SSEE, FLORIDA	
	<i>r<u>at officers and/or birecto</u></i> ,Paula Heaven-Swaby,	- <del></del>		
	President	Name and Title:		
Address	3800 Inverrary Blvd 400	Address:		
	Lauderhill, FI 33319			
Name and Title:		Name and Title:		
Address		Address:		
Name and Title:		Name and Title:		
Address	<u> </u>	Address:		

Name and	I Title:	Name and Title:	
Address		Address:	
ARTICLE VI	REGISTERED AGENT  prida street address (P.O. Box NOT acceptable) of	the registered agent is:	
Name:	Paula Heaven-Swaby		
Address:	3800 Inverrary Blvd 400M	X.	#
	Lauderhill, FI 33319	ECRET LLAH	AR T
ARTICLE VII	INCORPORATOR	ASSEE, F	-6 
The <u>name and ad</u>	dress of the Incorporator is:	FLORIDA	₹ D p
Name:	Paula Heaven-Swaby	AGA VIEW	ယ
Address:	3800 Inverrary Blvd 400M		ω
	Lauderhill, FL 33319		
	ned as registered agent to accept service of process of process of process of process of the appointment as reginal to the appointment as a reginal to the appointment a	stered agent and agree to act in this cap	acity
	Required Signature/Registered Agent	<u>3/4/1</u>	4
	Required Signature/Registered Agent		Date
	ument and affirm that the facts stated herein are to Oppartment of State constitutes a third degree felony		tion submitted in a
-12	De cly	3/4/	14
	Required Signature/Incorporator		Date