

P14 00 00 46 358

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

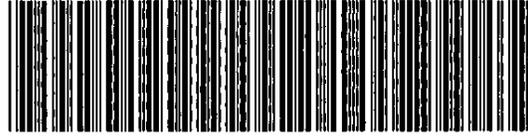
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



200258810362

04/23/14--01010--015 **78.75

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 29 PM 1:11

~~200258810362~~
*cc 6/1/14

COVER LETTER

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

SUBJECT: CRS Nurse Consultants, 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

<input checked="" type="checkbox"/> \$78.75 Filing Fee & Certified Copy	<input type="checkbox"/> \$87.50 Filing Fee, Certified Copy & Certificate of Status
ADDITIONAL COPY REQUIRED	

FROM: Lisa D. Saunders
Name (Printed or typed)

3510 NW 208 Street
Address

Miami Gardens, FL 33056
City, State & Zip

786-295-9224
Daytime Telephone number

lisa7547@bellsouh.net
E-mail address: (to be used for future annual report notification)

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



FLORIDA DEPARTMENT OF STATE
Division of Corporations

April 25, 2014

LISA SAUNDERS
3510 NW 208 STREET
MIAMI GARDENS, FL 33056

SUBJECT: CRS CONSULTING, INC.
Ref. Number: W14000026281

We have received your document for CRS CONSULTING, 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 name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

The name and document number of conflict is "P09000073380-CRS CONSULTING, INC.".

Please return 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.

Carol Mustain
Regulatory Specialist II

Letter Number: 114A00008878



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 19, 2014

LISA D. SAUNDERS
3510 NW 208 STREET
MIAMI GARDENS, FL 33056

SUBJECT: CRS NURSE CONSULTANTS, INC.
Ref. Number: W14000031532

We have received your document for CRS NURSE CONSULTANTS, INC.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State.

Your document will be retained in our pending file.

The corporate filing fees for profit and nonprofit, domestic or foreign are as follows:

Filing Fees	\$35.00
Registered Agent Designation	\$35.00
Certified Copy	\$8.75
Certificate of Status	\$8.75

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

Claretha Golden
Regulatory Specialist II
New Filing Section

Letter Number: 514A00010769

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: CRS Nurse Consultants, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3510 NW 208 Street
Miami Gardens, FL 33056

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: _____

The company is organized to provide consulting services to the public.

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
14 MAY 29 PM 1:11

ARTICLE IV SHARES 500

The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lisa D. Saunders - President Name and Title: _____

Address: 3510 NW 208 Street Address: _____
Miami Gardens, FL 33056 _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

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:

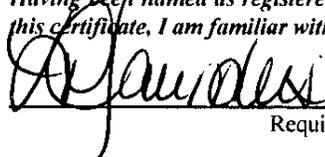
Name: Lisa D. Saunders
 Address: 3510 NW 208 Street
Miami Gardens, FL 33056

ARTICLE VII INCORPORATOR

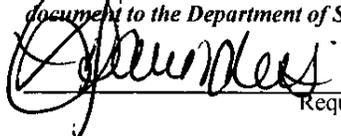
The **name and address** of the Incorporator is:

Name: Lisa D. Saunders
 Address: 3510 NW 208 Street
Miami Gardens, FL 33056

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
5/12/14 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.

 Required Signature/Incorporator
5/12/14 Date