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☐ PICK-UP

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(Business Entity Name)

(Document Number)

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

~~20025881~~  
\*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

☒ \$78.75  
Filing Fee  
& Certified Copy

☐ \$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.

**ARTICLE IV SHARES 500**

The number of shares of stock is:

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

**ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS**

Name and Title: Lisa D. Saunders - President

Name and Title: \_\_\_\_\_

Address: 3510 NW 208 Street  
Miami Gardens, FL 33056

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Name and Title: \_\_\_\_\_

Address: \_\_\_\_\_

Address: \_\_\_\_\_

(cont.)

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:

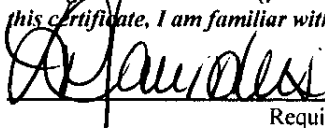
Name: Lisa D. Saunders  
Address: 3510 NW 208 Street  
Miami Gardens, FL 33056

**ARTICLE VII INCORPORATOR**

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

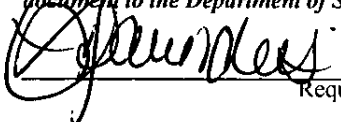
Name: Lisa D. Saunders  
Address: 3510 NW 208 Street  
Miami Gardens, FL 33056

*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