

PI6000012620

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

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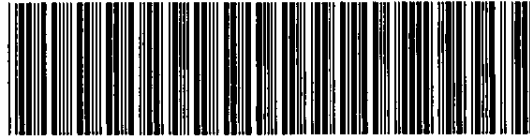
(Business Entity Name)

(Document Number)

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2016 JAN 25 PM 4:03
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FEB - 8 2016

T. BROWN



FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 11, 2016

ELITE NURSING CARE
3960 W BROWARD BLVD, APT 116
FORT LAUDERDALE, FL 33312

SUBJECT: ELITE NURSING CARE INC.
Ref. Number: W15000068574

We have received your document for ELITE NURSING CARE INC. and your check(s) totaling \$70.00. 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.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

The document number of the name conflict is P09000075423 - ELITE NURSING CARE INC.

The effective date is not acceptable since it is not within five working days of the date of receipt.

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.

Teresa Brown
Regulatory Specialist II

Letter Number: 816A00000641

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: Elite Nursing Care OF South Florida INC

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

3960 West Broward Blvd. Apt. 116

Fort Lauderdale, Fl. 33312

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Nursing Care Services

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Kimberly R. Bellucci, President

Name and Title: Louise Velo, Treasurer

Address 3960 West Broward Blvd. Apt. 116

Address: 3431 SW 16th Street

Fort Lauderdale, Fl. 33312

Fort Lauderdale, Fl. 33312

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: Louise Velo

Address: 3431 SW 16th Street

Fort Lauderdale, Fl. 33312

ARTICLE VII INCORPORATOR

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

Name: Kimberly R. Bellucci

Address: 3960 West Broward Blvd. Apt. 116

Fort Lauderdale, Fl. 33312

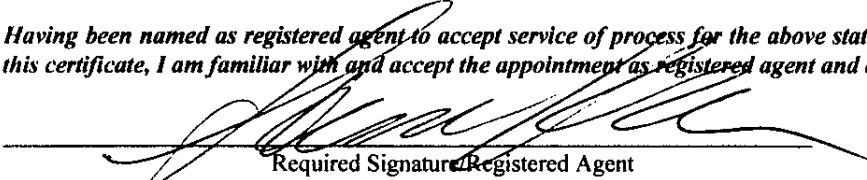
ARTICLE VIII EFFECTIVE DATE: 9-24-2015

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

9-24-2015
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

9-24-2015
Date