

P/17000003384

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

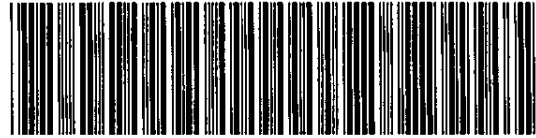
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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17 JAN -9 PM 12:50
TALLAHASSEE, FLORIDA

D O'KEEFE
JAN 12 2017

COVER LETTER

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

SUBJECT: Diversified RN, 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: Lucienne Reese

Name (Printed or typed)

22550 SW 179 Place

Address

Miami, Florida

City, State & Zip

786-972-1400

Daytime Telephone number

lyr242@gmail.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: Diversified RN, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

22550 SW 179 Place

22550 SW 179 Place

Miami, Florida 33170

Miami, Florida 33170

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: The purpose of the corporation is to provide Consulting Services to Ser
Senior Communities.

ARTICLE IV SHARES

The number of shares of stock is: 1

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Lucienne Reese President

Name and Title: _____

Address 22550 SW 179 Place

Address: _____

Miami, Florida 33170

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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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: Lucienne Reese _____

Address: 22550 SW 179 Place _____

Miam, Florida 33170 _____

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ARTICLE VII INCORPORATOR

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

Name: Lucienne Reese _____

Address: 22550 SW 179 Place _____

Miami, Florida 33170 _____

ARTICLE VIII EFFECTIVE DATE:

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

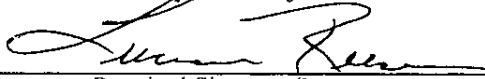


Required Signature/Registered Agent

1/3/17

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

1/3/17

Date