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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

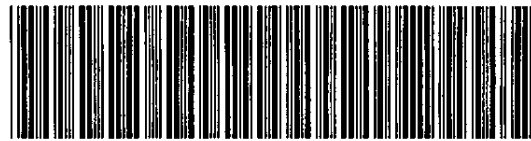
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D O'KEEFE

MAR 26 2018

W18-17416



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 21, 2018

YOLANDA GRIMES
25 N MARKET STREET
JACKSONVILLE, FL 32202

SUBJECT: SECURE MEDICAL STAFFING INC.
Ref. Number: W18000017416

We have received your document for SECURE MEDICAL STAFFING 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 business entity that you are forming cannot serve as its own registered agent. You may designate an individual or another business entity with an active registration or filing with this office. The newly designated registered agent must have a Florida street address and must sign accepting the designation. Please amend your document accordingly.

A corporation may not serve as its own incorporator. Please designate the individual whose typed signature appears on the signature line.

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.

DANIEL L O'KEEFE
Regulatory Specialist II

Letter Number: 318A00003603

*Will re-submit
with our forms.*

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TALLAHASSEE, FLORIDA

COVER LETTER

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

SUBJECT: Secure Medical Staffing

(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: Yolanda Grimes

Name (Printed or typed)

25 N Market street

Address

Jacksonville, Florida 32202

City, State & Zip

904-803-8358

Daytime Telephone number

yolanda_grimes@yahoo.com

E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

18 MAR 12 AM 11:47

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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: Secure Medical Staffing Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address
25 N Market Street Jacksonville, Florida 32202

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: Health care Assistance and any lawful business

ARTICLE IV SHARES

The number of shares of stock is: one

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yolanda Grimes President/Director

Name and Title: Bruce Grimes/ Vice President

Address 7283 Nottinghamshire Drive
Jacksonville, Florida 32219

Address: 7283 Nottinghamshire Drive
Jacksonville, Florida 32219

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

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TALLAHASSEE, FLORIDA

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: Yolanda Grimes _____

Address: 25 N Market Street _____

Jacksonville, Florida 32219 _____

ARTICLE VII INCORPORATOR

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

Name: Yolanda Grimes _____

Address: 25 N Market Street _____

Jacksonville, Florida 32202 _____

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TALLAHASSEE, FLORIDA

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 days prior or 90 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

Yolanda Grimes
Required Signature/Registered Agent

2/7/18
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.

Yolanda Grimes
Required Signature/Incorporator

2/7/18
Date