

P18000043944

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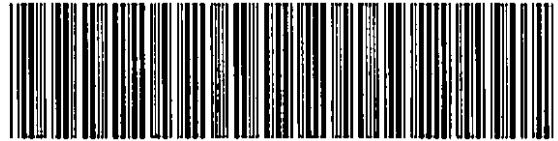
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TALLAHASSEE, FLORIDA



FLORIDA DEPARTMENT OF STATE
Division of Corporations

May 11, 2018

IRIS ALVAREZ
3428 ROGERO ROAD
JACKSONVILLE, FL 32277

SUBJECT: FLORIDA NURSING GROUP INC
Ref. Number: W18000044179

19 MAY 14 PM 4:18
DIVISION OF CORPORATIONS
FLORIDA

We have received your document for FLORIDA NURSING GROUP INC and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

The coverletter and the Articles in the document must be the same. There is a typo in Article II for the principal office. The word Jacksonville is spelled incorrectly.

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.

Nadira D McClees-Sams
Regulatory Specialist II

Letter Number: 918A00009785

COVER LETTER

Doc#
W18000044179

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

SUBJECT:

~~Home Health Aid~~

Florida Nursing Group INC

(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

5/14/18

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: IRIS ALVAREZ

Name (Printed or typed)

3428 ROGERO ROAD

Address

JACKSONVILLE, FL 32277

City, State & Zip

800-608-6619

Daytime Telephone number

JAXCONSULTINGGROUP@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)

Doc#
W18000044179

ARTICLE I NAME FLORIDA NURSING GROUP INC
The name of the corporation shall be: _____

ARTICLE II PRINCIPAL OFFICE
Principal street address
3428 ROGERO ROAD
JACKSONVILLE, FL 32277

Mailing address, if different is:
3428 ROGERO ROAD
JACKSONVILLE, FL 32277

JACKSONVILLE, FL 32277 (JP) 5/14/18

ARTICLE III PURPOSE PROVIDE HOME HEALTH AID
The purpose for which the corporation is organized is: _____

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FLORIDA NURSING GROUP INC
JACKSONVILLE, FL 32277

ARTICLE IV SHARES 100
The number of shares of stock is: _____

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: DIORGI LOPEZ, PRESIDENT

Name and Title: IRIS ALVAREZ, VICE PRESIDENT

Address 3428 ROGERO ROAD
JACKSONVILLE, FL 32277

Address: 3428 ROGERO ROAD
JACKSONVILLE, FL 32277

Name and Title: IRIS ALVAREZ, SECRETARY

Name and Title: _____

Address 3428 ROGERO ROAD
JACKSONVILLE, FL 32277

Address: _____

Name and Title: _____

Name and Title: _____

Address _____

Address: _____

18 MAY 14 PM 4:18
ALLA VASSIL, FLORIDA

DOCH
W18000094179

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: IRIS ALVAREZ
Address: 3428 ROGERO ROAD
JACKSONVILLE, FL 32277

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: DIORGI LOPEZ
Address: 3428 ROGERO ROAD
JACKSONVILLE, FL 32277

FILED
18 MAY 14 PM 4:18
CLERK OF THE COURT
JACKSONVILLE, FLORIDA

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 05/01/2018 (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

Iris Alvarez

Required Signature/Registered Agent

05/01/2018

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.

Iris Alvarez

Required Signature/Incorporator

05/01/2018

Date