

P22 000050705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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MAIL

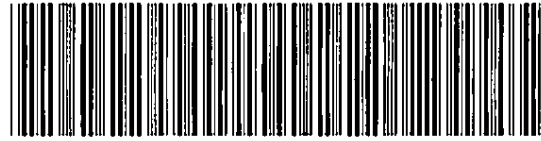
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Division of Corporations
TALLAHASSEE, FLORIDA

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K. Brumbley

FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE: 06/21/22

**NAME: BRYAN WEBB NURSE PRACTITIONER AND NURSING
EDUCATION INC.**

TYPE OF FILING: ARTICLES

COST: 78.75

RETURN: PLAIN COPY AND GOOD STANDING PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE



A handwritten signature in black ink, appearing to be 'Abbie Hodge', is written over a horizontal line.

COVER LETTER

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

SUBJECT: Bryan Webb Nurse Practitioner and Nursing Education 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: Shauna Watkins/Barton CPA
Name (Printed or typed)

787 N. Palm Canyon Drive
Address

Palm Springs, CA 92262
City, State & Zip

760-969-6499
Daytime Telephone number

dr.bryanwebb@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: Bryan Webb Nurse Practitioner and Nursing Education Inc.

ARTICLE II PRINCIPAL OFFICE
Principal street address _____ Mailing address, if different is: _____
1058 N. VICTORIA PARK ROAD _____
FORT LAUDERDALE, FL 33304 _____

ARTICLE III PURPOSE
The purpose for which the corporation is organized is: Nursing

ARTICLE IV SHARES
The number of shares of stock is: 1000

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: <u>BRYAN WEBB, CEO</u>	Name and Title: _____
Address: <u>1058 N. VICTORIA PARK ROAD</u> <u>FORT LAUDERDALE, FL 33304</u>	Address: _____ _____
Name and Title: _____	Name and Title: _____
Address: _____ _____	Address: _____ _____
Name and Title: _____	Name and Title: _____
Address: _____ _____	Address: _____ _____

ARTICLES
AND
FILED
2022 JUN 21 AM 9:24

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: Paracorp Incorporated
Address: 155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

ARTICLE VII INCORPORATOR

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

Name: Shauna Watkins
Address: 787 N. Palm Canyon Dr
Palm Springs, CA 92262

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

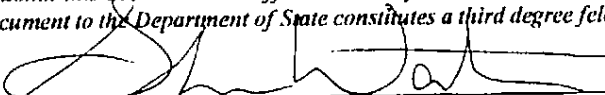
see attached

see attached

Required Signature/Registered Agent

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

06/20/22
Date

STATE OF FLORIDA

REGISTERED AGENT CONSENT FORM

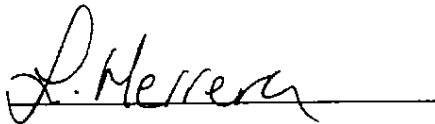
DATE: 6/20/2022

ENTITY NAME: Bryan Webb Nurse Practitioner and Nursing Education Inc.

REGISTERED AGENT NAME AND ADDRESS:

Paracorp Incorporated
155 Office Plaza Drive, 1st Floor
Tallahassee, FL 32301

Paracorp Incorporated, having been designated to act as Statutory Agent, hereby consents to act in the capacity for the above-referenced entity until removed or resignation is submitted in accordance with the Florida Revised Statutes.

A handwritten signature in black ink, appearing to read "L. Herrera", is written over a horizontal line.

Leticia Herrera, Assistant Secretary
Paracorp Incorporated