

P22000070382

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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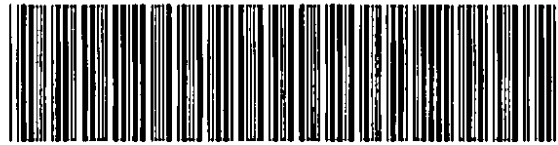
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
FALLAH ASSISTANT

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## COVER LETTER

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

SUBJECT: CVB Nurse Registry, 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: Craig R. Bingert  
Name (Printed or typed)  
8461 Lake Worth Road #102  
Address  
Wellington, FL 33467  
City, State & Zip  
610-216-2651  
Daytime Telephone number  
BIN-1012@msn.com  
E-mail address: (to be used for future annual report notification)

SECRETARY OF STATE  
TALLAHASSEE, FL 32314

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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: CVB Nurse Registry, Inc.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

8461 Lake Worth Road #102

Wellington, FL 33467

ARTICLE III PURPOSE

The purpose for which the corporation is organized is:

The Company is organized to provide home health care services to the public.

ARTICLE IV SHARES

The number of shares of stock is: 500

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Craig R. Bingert - President

Name and Title:

Address 8461 Lake Worth Road #102

Address:

Wellington, FL 33467

Name and Title: Vanya Nancy Bingert - Vice President

Name and Title:

Address 8461 Lake Worth Road #102

Address:

Wellington, FL 33467

Name and Title:

Name and Title:

Address

Address:

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SECRETARY OF STATE  
TALLAHASSEE, FL 32399

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: Craig R. Bingert  
Address: 8461 Lake Worth Road #102  
Wellington, FL 33467

**ARTICLE VII INCORPORATOR**

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

Name: Craig R. Bingert  
Address: 8461 Lake Worth Road #102  
Wellington, FL 33467

**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*

Craig Bingert  
Required Signature/Registered Agent

8/25/22  
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.*

Craig Bingert  
Required Signature/Incorporator

8/25/22  
Date

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA