P23000043248

(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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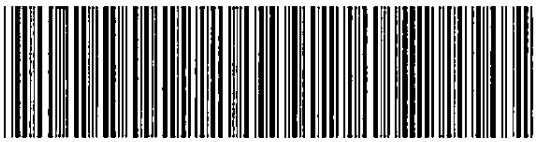

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FLORIDA CAPITAL COURIER SERVICES, INC
2330 CLARE DRIVE
TALLAHASSEE, FL 32309
(850) 524-5437
(850) 524-6243

Please use funds from this account: 120210000160 : $70.00
Authorization Signature _____
Azariah Nurse Registry of Tampa Inc
BUSINESS DOC#

___**Certified Copy of Articles**
__ **Certificate of Status**

NEW FILINGS

_X_ Profit Corp
____Not for Profit
____Officer/Director
___Limited Liability
____Domestication
____Other
__ **CORP**
___ **LLLP**

AMENDMENTS

___Amendment
__ Resignation of R.A. or member
___ Dissolution
___ Change of Registered Agent
____Revocation of Dissolution
__ __Merger
___**Conversion**
___ **Amended and restated Articles**
___ **Statement of Authority**

OTHER FILINGS

____**Trademark**
____Annual Report

____Fictitious Name

__ APOSTILLE _____
Country

REGISTERATION/QUALIFICATIONS

__ Foreign filing
____Limited Partnership
___ Reinstatement

_____Other

EXAMINER'S INITIALS:_____

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EXAMINIER'S INITIALS:_____

COVER LETTER

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

SUBJECT: Azariah Nurse Registry of Tampa 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: Bernard Spooner
Name (Printed or typed)

713 Tam O Shanter Ave
Address

Sun City Center FL 33573
City, State & Zip

813-992-7867
Daytime Telephone number

bspooner2010@Yahoo.com
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

2023 JUN -7 AM 8:25

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: Azariah Nurse Registry of Tampa Inc

ARTICLE II PRINCIPAL OFFICE

Principal **street** address

6575 Gunn Hwy
Tampa FL 33625

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: to provide nurse registry Services to clients in Region 6 of Florida.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Yurima Quintana Fuentes President

Address 6575 Gunn Hwy
Tampa FL 33625

Name and Title:

Address:

Name and Title: Yuneisi Quintana Fuentes Vice President

Address 6575 Gunn Hwy
Tampa FL 33625

Name and Title:

Address:

Name and Title:

Address

Name and Title:

Address:

2023 JUN -1 AM 8:20

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: Yurima Quintana Fuentes

Address: 6575 Gunn Hwy

Tampa FL 33625

ARTICLE VII INCORPORATOR

The name and address of the Incorporator is:

Name: Bernard Spooner

Address: 719 Tam O Shanter Ave.

Sun City Center FL 33573

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: 06/02/2023 (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.

_____ 06/02/2023

Required Signature of 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.

Bernard Spooner

Required Signature/Incorporator Date 06/02/23

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