

P96000093173

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

800002001098--1
-11/08/96--01108--019
*****8.75 *****8.75

800002001098--1
-11/08/96--01108--019
*****70.00 *****70.00

SUBJECT: NURSE'S HEALTH CARE AGENCY INC.
(Proposed corporate name - must include suffix)

Enclosed is an original and one (1) copy of the articles of incorporation and a check for :

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate

☐ \$122.50
Filing Fee
& Certified Copy

☐ \$131.25
Filing Fee,
Certified Copy
& Certificate

Additional Copy Required

FROM:

MAXIME ARNOUX

Name (printed or typed)

650 N.E. 149 STREET APT #202-A

Address

MIAMI, FL 33161

City, State & Zip

(305) 541-8558

Daytime Telephone number

FILED
96 NOV -8 PM 2:52
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

ARTICLES OF INCORPORATION

The undersigned incorporator(s), for the purpose of forming a corporation under the Florida Business Corporation Act, hereby adopt(s) the following Articles of Incorporation.

ARTICLE I NAME

The name of the corporation shall be:

NURSE'S HEALTH CARE AGENCY, INC.

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TALLAHASSEE FLORIDA

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this corporation shall be:

1901 N.W. 7th Street
Miami, FL 33125

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

TEN THOUSAND SHARES (10,000), PAR VALUE \$1.00

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and address of the initial registered agent is:

MAXIME ARNOUX
650 N.E. 149 Street
APT #202-A
Miami, FL 33161

ARTICLE V INCORPORATOR(S)

See instructions for officers/directors

The name(s) and street address(es) of the incorporator(s) to these Articles of Incorporation is(are):

MAXIME ARNOUX
650 N.E. 149 Street APT #202-A
Miami, FL 33161

EUGENE PORTER, JR
19320 N.E. 2ND Avenue
Miami, FL 33180

MARIE C. MOISE
940 N.E. 82 Street
Miami, FL 33138

The undersigned incorporator(s) has(have) executed these Articles of Incorporation this

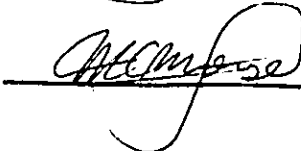
06 day of NOVEMBER, 1996.



Signature



Signature



Signature

NOTE: Affixing an officer title after a signature of an incorporator does not constitute the designation of officers.

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the corporation is: NURSE'S HEALTH CARE AGENCY, INC.

2. The name and address of the registered agent and office is:

MAXIME ARNOUX

(NAME)

650 N.E. 149 Street APT #202-A

(P.O. Box or Mail Drop Box **NOT** ACCEPTABLE)

Miami, FL 33161

(CITY/STATE/ZIP)

SECRETARY OF STATE
TALLAHASSEE FLORIDA

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Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Maxime Arnoux
(SIGNATURE)

11/6/96
(DATE)

DIVISION OF CORPORATIONS, P. O. BOX 6327, TALLAHASSEE, FL 32314