

P98000012111

TRANSMITTAL LETTER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 FEB -5 AM 10:51

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

000002422650--8
-02/05/98--01080--001
***122.50 ***122.50

SUBJECT: SPLS Nursing, 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: Sonia P. Law
Name (Printed or typed)

16426 SW 20th St
Address

Davie, FL 33331
City, State & Zip

954-434-9501
Daytime Telephone number

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

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
98 FEB -5 AM 10:51

ARTICLES OF INCORPORATION

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

ARTICLE I NAME

The name of the corporation shall be:

SPLS Nursing, Inc

ARTICLE II PRINCIPAL OFFICE

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

16426 SW 70th St
Davie, FL 33331

ARTICLE III SHARES

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

100

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

The name and Florida street address of the initial registered agent are:

Sonia P. Lewis
16426 SW 70th St
Davie, FL 33331

ARTICLE V INCORPORATOR

The name and address of the incorporator to these Articles of Incorporation are:

Sonia P. Lewis
16426 SW 70th St
Davie, FL 33331

Sonia P. Lewis / *[Signature]*
Signature/Incorporator

Feb 2nd, 1998
Date

(An additional article must be added if an effective date is requested.)

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

[Signature]
Signature/Registered Agent

Feb 2nd, 1998
Date