# P98000049426

Jeanne Elliott 5206 S.W. 91'rst Ave. #4 Cooper City, Florida 33328

Dept of State Division of Corp. P.O. Box 6327 Tallahassee, Florida 33328

> 100002542481--2 -06/01/98--01086--009 \*\*\*\*\*\*78.75 \*\*\*\*\*\*78.75

> > May 28, 1998

To Whom This May Concern,

Enclosed are the Articles of Incorporation for **nursewise**, **inc**. I prefer the name to be written in lower case alphabet. Hopefully, the name will be acceptable and all will be in order as required by the Department of State. Thank-you for your time.

Sincerely,

Jeanne Elliott

954-680-1542

FILED

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SECRETARY OF STATE
TALL AHASSEE EL COME.

11/3/60

## Articles of Incorporation

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

#### Article I Name

The name of the corporation shall be:

nursewise, inc.

### Article II Principal Office

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

5206 S.W. 91'rst Ave. #4 Cooper City, Florida 33328 U.S.A. 98 JUN - I AM 9: 23
SECRETARY OF STATE
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#### Article III Shares

The number of shares that this corporation is authorized to have outstanding at any one time is: thirty-five (35)

## Article IV Initial Registered Agent and Street Address

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

Jeanne Elliott 5206 S.W. 91'rst Ave. #4 Cooper City, Florida 33328

#### Article V Incorporator

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

Jeanne Elliott 5206 S.W. 91'rst Ave. #4 Cooper City, Florida 33328

Signature/Incorporator

Date

Date

Having been named as a 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 o comply with the provisions of al 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/Registered Agent

Date

Date