P9800073790

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

SUBJECT:	SEMINOLE Proposed corpo	NURSING	SERVICES,	INC.
	(Troposed Joseps)	·		1986——9 -01057008 0 *****35.00
Enclosed is an original	and one(1) copy of the article	es 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	
8.17-98		ADDITIONAL C	ADDITIONAL COPY REQUIRED	
FROM:	·		600002621 -08/21/981 Vo. *****35.00	9869 01057009 *****35.00
	SEMINOLE	R	600002621 -08/21/98-1 7シ、********83.75 	9869 01057010 *******8.75
	(727) 343 Daytime Te	- 3265 elephone number	ASSI	

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



EFFECT	IVE DATE
8-1	7-98

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.

ARTICL	C	7	NAME	;
AKIRJ.	r.	1	NAME	١.

The name of the corporation shall be:

SEMINOLE NURSING SERVICES, INC.

ARTICLE II PRINCIPAL OFFICE

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

11642 67TH AVENUE NORTH

SEMINOLE, FLORIDA 33772

ARTICLE III SHARES

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

7500

ARTICLE IV INITIAL REGISTERED AGENT AND STREET ADDRESS

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

LINDA KING 11642 GTTH AVENUE NORTH

SEMINOLE, FLORIDA, 33772 ARTICLE V INCORPORATOR

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

LINDA A. KING

11642 67TH AVENUE NORTH SEMINOCE, FL. 33772

EFFECTIVE DATE OF INCORPORATION IS 08/17/98.

(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/Registered Agent 4