

P23000022 550

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

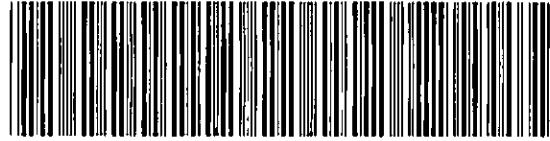
(Document Number)

Printed Copies _____

Certificates of Status _____

Special Instructions to Filing Officer

Office Use Only



300405303443

S. CHATHAM
MAR 26 2023

FILED
2023 MAR 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03/24/23--01001--027 **70.00

RECEIVED
2023 MAR 24 AM 9:58
DIRECTOR
DIVISION OF CORPORATE & FINANCIAL SERVICES
TALLAHASSEE, FLORIDA

MR

**CORPORATE
ACCESS,
INC.**

When you need ACCESS to the world

236 East 6th Avenue, Tallahassee, Florida 32303
P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666. Fax (850) 222-1666

WALK IN

PICK UP: CAT 3/24

- CERTIFIED COPY** _____
- PHOTOCOPY** _____
- CUS** _____
- FILING** _____

1. **DOCTORS PREFERRED NURSE REGISTRY INC**
(CORPORATE NAME AND DOCUMENT #) _____
2. _____
(CORPORATE NAME AND DOCUMENT #)
3. _____
(CORPORATE NAME AND DOCUMENT #)
4. _____
(CORPORATE NAME AND DOCUMENT #)
5. _____
(CORPORATE NAME AND DOCUMENT #)
6. _____
(CORPORATE NAME AND DOCUMENT #)

SPECIAL INSTRUCTIONS: _____

COVER LETTER

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

SUBJECT: Doctors Preferred Nurse Registry 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 Tom 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.

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: Doctors Preferred Nurse Registry Inc

ARTICLE II PRINCIPAL OFFICE

Principal street address
501 West Bay Dr Suite 110
Largo FL 33770

Mailing address, if different is:

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: To establish a nurse Registry
to provide care to clients in Pinellas and Pasco Counties.

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: Franklin Ezeoke Name and Title: _____
Address: 5207 26th St W #104 Address: _____
Bradenton FL 34207
President

Name and Title: Chioma Mbonu Name and Title: _____
Address: 5207 26th St W #104 Address: _____
Bradenton FL 34207
Vice President

Name and Title: _____ Name and Title: _____
Address: _____ Address: _____

FILED
2023 MAR 24 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

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: Camilla Davis
Address: 1107 Rosary Rd #4201
Largo FL 33770

FILED
2023 MAR 21 PM 1:42
SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLE VII INCORPORATOR

The name and address of the incorporator is:

Name: Chioma Okonkwo
Address: 5207 26th St W #104
Bradenton FL 34207

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (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

Camilla Davis
Required Signature/Registered Agent
Date: 3/22/23

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.

[Signature]
Required Signature/Incorporator
Date: 3/22/2023