

LO7000074130

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000181779 3)))



H070001817793ABC7

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO. ^{LS}

1st choice medical transit, llc

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

RECEIVED
07 JUL 17 PM 1:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2007 JUL 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

Electronic Filing Menu

Corporate Filing Menu



July 17, 2007

FLORIDA DEPARTMENT OF STATE
Division of Corporations

EMPIRE

SUBJECT: 1ST CHOICE MEDICAL TRANSIT, LLC
REF: W07000034050

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Leslie Sellers
Document Specialist

FAX Aud. #: H07000181779
Letter Number: 407A00045124

2007 JUL 17 AM 10:27
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

P.O. BOX 6327 - Tallahassee, Florida 32314

H07000181779

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I Name:

The name of the Limited Liability Company is:

1ST CHOICE MEDICAL TRANSIT, LLC

ARTICLE II Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

1310 SW 1ST AVENUE
FORT LAUDERDALE FL 33315

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

FRANCIS J HERON III

Name

1310 SW 1ST AVENUE

Florida Street address (P.O. Box NOT acceptable)

Ft. Lauderdale, FL 33315

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company 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 as provided in Chapter 608, Florida Statutes.


Registered Agent Signature

Article IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager-managed company.

007 JUL 17 AM 10:27
SECRETARY OF STATE
ALLAHASSEE, FLORIDA

FILED

H07000181779

H07000181779

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

FR

Signature of a member or an authorized representative of a member.

(in accordance with section 608.408(3), Florida Statutes, the execution of this document Constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

FRANCIS J HERON III
Typed or printed name of signee

This instrument prepared by:
Max M. Hagen, Esquire
Florida Bar No.: 032722
Hagen & Hagen, P.A.
3531 Griffin Road
Ft. Lauderdale, Florida 33312

FILED

2007 JUL 17 AM 10:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H07000181779