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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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To:

Division of Corporations
Fax Number : (850) 617-6331

From:

Account Name : CAPITOL SERVICES, INC.
Account Number : 120160000017
Phone : (855) 498-5500
Fax Number : (800) 432-3622

19 JUL 15 PM 3:03

FLORIDA DEPARTMENT OF STATE
DIVISION OF CORPORATIONS

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
AMERIPRO EMS OF FLORIDA, LLC**

****FILING WAS PREVIOUSLY SUBMITTED, BUT PART OF THE ADDRESS WAS LEFT OFF. PLEASE DISREGARD OTHER VERSION AND FILE THIS MOST RECENT VERSION INSTEAD. PLEASE CALL WITH ANY QUESTIONS. THANK YOU!****

Certificate of Status	0
Certified Copy	1
Page Count	04
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JUL 15 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: AmeriPro EMS of Florida, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Terri Lahner, Paralegal
Name of Person
Morris Manning & Martin, LLP
Firm/Company
3343 Peachtree Road, N.E. Suite 1600
Address
Atlanta, Georgia 30326-1044
City/State and Zip Code
suhas@ameriproems.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Terri Lahner at (404) 233-7000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address
New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

AmeriPro EMS LLC

130 Medical Way, Suite B

Stockbridge, GA 30281

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

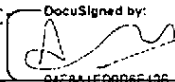
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.

ARTICLE VI: Other provisions, if any.

The provision of services to transport humans requiring emergency, urgent or other ambulatory medical care and the services related thereto, emergency medical services consulting and such other lawful acts, activities or business authorized under the Florida Limited Liability Company Act.

REQUIRED SIGNATURE:

DocuSigned by:

0428A1E0006E106

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

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any 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.

Suhas Uppalapati, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)