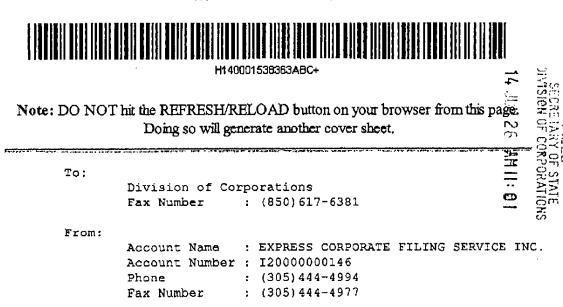


Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H140001538363)))



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

| Email | Address: | |
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FLORIDA PROFIT/NON PROFIT CORPORATION QUALITY TRANSPORTATION CARE INC

| Certificate of Status | 0 |
|-----------------------|---------|
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$78.75 |

42700

ARTICLES OF INCORPORATION
In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

| ARTICLE II PR | | PORTATION CARE INC | | |
|---------------------------------------|--|---|------------------------|--|
| 6501 NW 3 | INCIPAL OFFICE Principal atreet address 6TH ST | Mailing address, if different is: 6501 NW 36TH ST | | |
| STE 409 | | STE: 409 | | |
| VIRGINIA GAI | RDENS, FL 33166 | VIRGINIA GARDENS, FL 33166 | | |
| ARTICLE III PU. The purpose for which | RPOSE the corporation is organized is: | ND ALL LAWFUL BUS | INESS | |
| | | | | |
| | | | JIN 2 | |
| ARTICLE IV SH | ARES 100 | | CORPORATIONS AMII: 8.1 | |
| ARTICLE V IN | TIAL OFFICERS AND/OR DIRECTO lo:(P) JUAN RODRIGUEZ 6501 NW 36TH ST | RS Name and Title: Address: | | |
| | STE: 409 VIRGINIA GARDENS, FL 33166 | | | |
| Name and Titl Address | VIRGINIA GARDENS, FL 33166 | Name and Title: Address: | | |

| | • | | (conti.) |
|----------------|---|-----------------------------|---------------|
| Name a | nd Title: | Name and Title: | |
| Addres | s | Address: | |
| | | _ | |
| | 4, | | |
| | <u>REGISTERED AGENT</u> Torida street address (P.O. Box NOT acceptable) of JUAN RODRIGUEZ | of the registered agent is: | |
| Address: | 6501 NW 36TH ST STE: 409 | - | |
| 3 2020 0401 | VIRGINIA GARDENS, FL 33166 | | |
| ARTICLE VII | | | |
| The name and a | ddress of the Incorporator is: | | |
| Name: | JUAN RODRIGUEZ 6501 NW 36TH ST STE: 409 | _ | |
| Address: | VIRGINIA GARDENS, FL 33166 | _ | |
| | med as registered agent to accept service of proces am familiar with and accept the appointment as re | | |
| | | | JUNE 25, 2014 |
| | Required Signature/Registered Agent | | Date |
| | cument and affirm that the facts stated herein are Department of State constitutes a third degree felo | | |
| _ | Total Control of the | | JUNE 25, 2014 |
| | Required Signature/Incorporator | | Date |

Required Signature/Incorporator