

File 0000006724

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

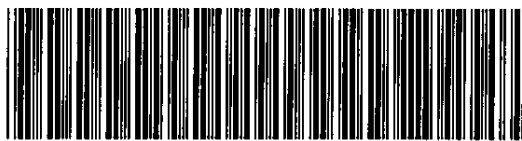
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



000080299770

10/05/06--01034--006 **87.50

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2300 OCT 23 P 4:30

FILED

~~0-11063~~
10-25-06
WCC



FLORIDA DEPARTMENT OF STATE
Division of Corporations

October 9, 2006

LISA Y. PITELL, ESQ.
4400 E. HWY. 20, SUITE 202
NICEVILLE, FL 32578

SUBJECT: MED-CAB, INC.
Ref. Number: W06000044063

FILED
2006 OCT 23 P 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We have received your document for MED-CAB, INC. and your check(s) totaling \$87.50. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

Please return the original and one copy of 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) 245-6995.

Wanda Cunningham
Document Specialist
New Filing Section

Letter Number: 806A00059782

FILED
2008 OCT 23 P 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Med-Cab, Inc.
(Name of corporation - must include suffix)

Dear Sir or Madam:

The enclosed "Application by Foreign Corporation for Authorization to Transact Business in Florida," "Certificate of Existence," and check are submitted to register the above referenced foreign corporation to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Lisa Y. Pitell, Attorney

(Name of Person)

Pitell Law Firm, PL

(Firm/Company)

4400 E. Hwy 20, Suite 202

(Address)

Niceville, FL 32578

(City/State and Zip code)

For further information concerning this matter, please call:

Lisa Y. Pitell at (850) 897-0045
(Name of Person) (Area Code & Daytime Telephone Number)

STREET/COURIER ADDRESS:

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

MAILING ADDRESS:

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

Enclosed is a check for the following amount:

- ☐ \$70.00 Filing Fee ☐ \$78.75 Filing Fee & Certificate of Status ☐ \$78.75 Filing Fee & Certified Copy ☒ \$87.50 Filing Fee, Certificate of Status & Certified Copy

**APPLICATION BY FOREIGN CORPORATION FOR AUTHORIZATION TO TRANSACT
BUSINESS IN FLORIDA**

*IN COMPLIANCE WITH SECTION 607.1503, FLORIDA STATUTES, THE FOLLOWING IS SUBMITTED TO
REGISTER A FOREIGN CORPORATION TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.*

1. Med-Cab, Inc.

(Enter name of corporation; must include "INCORPORATED," "COMPANY," "CORPORATION,"
"Inc.," "Co.," "Corp.," "Inc.," "Co.," or "Corp.")

(If name unavailable in Florida, enter alternate corporate name adopted for the purpose of transacting business in Florida)

2. Delaware

(State or country under the law of which it is incorporated)

3. 20-5628381

(FEI number, if applicable)

4. September 22, 2006

(Date of incorporation)

5. Perpetual

(Duration: Year corp. will cease to exist or "perpetual")

6. _____

(Date first transacted business in Florida, if prior to registration)
(SEE SECTIONS 607.1501 & 607.1502, F.S., to determine penalty liability)

7. 316 Nathey Street, Niceville, FL 32578

(Principal office address)

316 Nathey Street, Niceville, FL 32578

(Current mailing address)

8. Any lawful purpose

(Purpose(s) of corporation authorized in home state or country to be carried out in state of Florida)

9. Name and street address of Florida registered agent: (P.O. Box NOT acceptable)

Name: Lisa Y. Pitell

Office Address: 4400 E. Hwy 20, Suite 202

Niceville

(City)

, Florida 32578

(Zip code)

10. **Registered agent's acceptance:**

Having been named as registered agent and to accept service of process for the above stated corporation at the place designated in this application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.



(Registered agent's signature)

11. Attached is a certificate of existence duly authenticated, not more than 90 days prior to delivery of this application to the Department of State, by the Secretary of State or other official having custody of corporate records in the jurisdiction under the law of which it is incorporated.

FILED
2006 OCT 23 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

12. Names and business addresses of officers and/or directors:

A. DIRECTORS

Chairman: _____

Address: _____

Vice Chairman: _____

Address: _____

Director: Ned D. Maraman, Jr.

Address: 316 Nathey Street

Niceville, FL 32578

Director: Eric Wilson

Address: 316 Nathey Street

Niceville, FL 32578

B. OFFICERS

President: Ned D. Maraman, Jr.

Address: 316 Nathey Street

Niceville, FL 32578

Vice President: Eric Wilson

Address: 316 Nathey Street

Niceville, FL 32578

Secretary: Ned D. Maraman, Jr.

Address: 316 Nathey Street, Niceville, FL 32578

Treasurer: Ned D. Maraman, Jr.

Address: 316 Nathey Street, Niceville, FL 32578

NOTE: If necessary, you may attach an addendum to the application listing additional officers and/or directors.

13. _____

(Signature of Director or Officer listed in number 12 of the application)

14. Ned D. Maraman, Jr., Director/President

(Typed or printed name and capacity of person signing application)

Delaware

PAGE 1

The First State

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "MED-CAB, INC." IS DULY INCORPORATED UNDER THE LAWS OF THE STATE OF DELAWARE AND IS IN GOOD STANDING AND HAS A LEGAL CORPORATE EXISTENCE SO FAR AS THE RECORDS OF THIS OFFICE SHOW, AS OF THE TWENTY-FIFTH DAY OF SEPTEMBER, A.D. 2006.

FILED

2006 OCT 23 P 4:30

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



4223870 8300

060875170

Harriet Smith Windsor

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 5064871

DATE: 09-25-06