

Jul-17-08 12:26pm

FILED IN THE W. JAMES LAW FIRM

3/25/164

T-11 P. 1/07 F-494

**F08000003160**

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.**

((H08000174116 3)))



H080001741163ABC

**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) 617-6381

From:

Account Name : AGENTS AND CORPORATIONS, INC  
Account Number : I20010000112  
Phone : (302) 575-0875  
Fax Number : (302) 575-0925

FILED

JUL 17 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FOREIGN PROFIT/NONPROFIT CORPORATION**

**CFT Ambulance Service Inc.**

Certificate of Status	0
Certified Copy	0
Page Count	013
Estimated Charge	\$70.00

DIVISION OF CORPORATION

08 JUL 17 PM 3:27

RECEIVED

Electronic Filing Menu

Corporate Filing Menu

Help



July 17, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

AGENTS AND CORPORATIONS INC

SUBJECT: CFT AMBULANCE SERVICE INC.  
REF: W08000033841

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.

The complete document was not received. Please refax the complete document, including the electronic filing cover sheet.

If you have any further questions concerning your document, please call (850) 245-6047.

Carolyn Lewis  
Regulatory Specialist II  
New Filing Section

FAX Aud. #: H08000174116  
Letter Number: 808A00041846

P.O BOX 6327 - Tallahassee, Florida 32314

H08000174116 3

# 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. CFT Ambulance Service 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. 510407925

(FBI number, if applicable)

## 4. 01/11/2001

(Date of incorporation)

## 5. Perpetual

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

## 6. Future date - 8-1-2008

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

## 7. 242 North James Street, Newport, DE 19804

(Principal office address)

## 242 North James Street, Newport, DE 19804

(Current mailing address)

## 8. Medical Transportation

(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: Agents and Corporations, Inc.

Office Address: 300 Fifth Avenue South, Suite 101-330

Naples, Florida 34102

(City)

(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.

Jeanette LoVecchio

(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.

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2008 JUL 17 PM 4: 26

FILED

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

A. DIRECTORS

Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Vice Chairman: \_\_\_\_\_

Address: \_\_\_\_\_

Director: Denette Lawson

Address: 242 North James Street St. 200  
Newport, DE 19804

Director: \_\_\_\_\_

Address: \_\_\_\_\_

B. OFFICERS

President: Denette Lawson

Address: 242 North James Street  
Newport, DE 19804 St. 200

Vice President: Denette Lawson

Address: 242 North James Street  
Newport, DE 19804 St. 200

Secretary: Denette Lawson

Address: 242 North James Street, Newport, DE 19804 St. 200

Treasurer: Denette Lawson

Address: 242 North James Street, Newport, DE 19804 St. 200

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. Denette Lawson

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

FILED  
JUL 17 PM 4:26  
RECEIVED  
FALL RIVER  
STATE  
OF MASSACHUSETTS

# Delaware

PAGE 2

*The First State*

I, HARRIET SMITH WINDSOR, SECRETARY OF STATE OF THE STATE OF DELAWARE, DO HEREBY CERTIFY "CFT AMBULANCE SERVICE 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 EIGHTH DAY OF MAY, A.D. 2008.

FILED

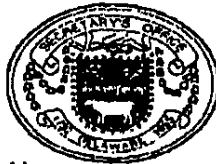
2008 JUL 17 PM 4:26

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

3342546 8300

080523499

You may verify this certificate online  
at [corp.delaware.gov/authver.shtml](http://corp.delaware.gov/authver.shtml)



*Harriet Smith Windsor*

Harriet Smith Windsor, Secretary of State

AUTHENTICATION: 6579510

DATE: 05-08-08