PECCEC 41876

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

to ARTITE.

SUBJECT:	Medical Emer	CACACU Lear rate name - must include suff	ning Services, Inc		
		1	000032205618 -04/24/0001100012 *****87.50 *****87.50		
Enclosed is an origin	al and one(1) copy of the article	s of incorporation and a c	heck for:		
\$70.00 Filing Fee	□ \$78.75 Filing Fee & Certificate of Status	\$78.75 Filing Fee & Certified Copy	\$87.50 Filing Fee, Certified Copy & Certificate of Status		
		ADDITIONAL COI	PY REQUIRED		
FROM: Raul Perez Name (Printed or typed) 16532 Turquoise Trail					
	Weston, F.	Orida 3 State & Zip	<u>333</u>]		
	954-34 Daytime Te	9-7559 elephone number	. See		
4/26 Informed cl	ient by letter	i e e e e e e e e e e e e e e e e e e e	······································		

NOTE: Please provide the original and one copy of the articles.

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_					JR P 1		

The undersigned incorporator, for the purpose of forming a corporation under the Florida	
Business Corporation Act, hereby adopts the following Articles of Incorporation.	

ARTICLE .	I	NAME

The name of the corporation shall be:

OO MARINE MARINE Emergency Learning Services,

ARTICLE II	PRINCIPAL	<u>APPIAD</u>
MKIICLE II	FRUITAL	UFFILE

The principal place of business and mailing address of this corporation shall be:

16532 Turquoise Trail Weston, Florida 33331

ARTICLE III SHARES

The number of shares of stock that this corporation is authorized to have outstanding at any one time is:

INITIAL REGISTERED AGENT AND S

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

Wiston, Horida

INCORPORATOR

The <u>name and address</u> of the incorporator to these Articles of Incorporation are:

16532 Turquoise Trail 3333

Signature/Incorporator

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

Having been named as registered agent and to accept service of process for the above stated corporation 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

Signature/Registered Agen